Oxon Hill, Md.

6160 Oxon Hill Rd 250 DATE RECID. BY REGISTRAR IN REGISTRAR'S SIGNALURE

24 FUNERAL DIRECTOR

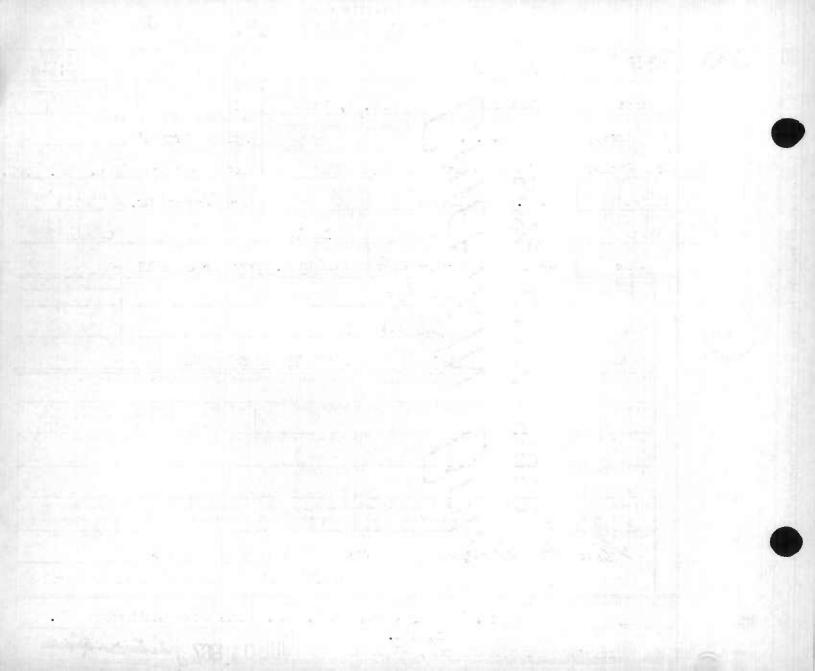
George P. Kalas Funeral Home

DHMH - 16 60M 7/B4

(VRA 15, 4)

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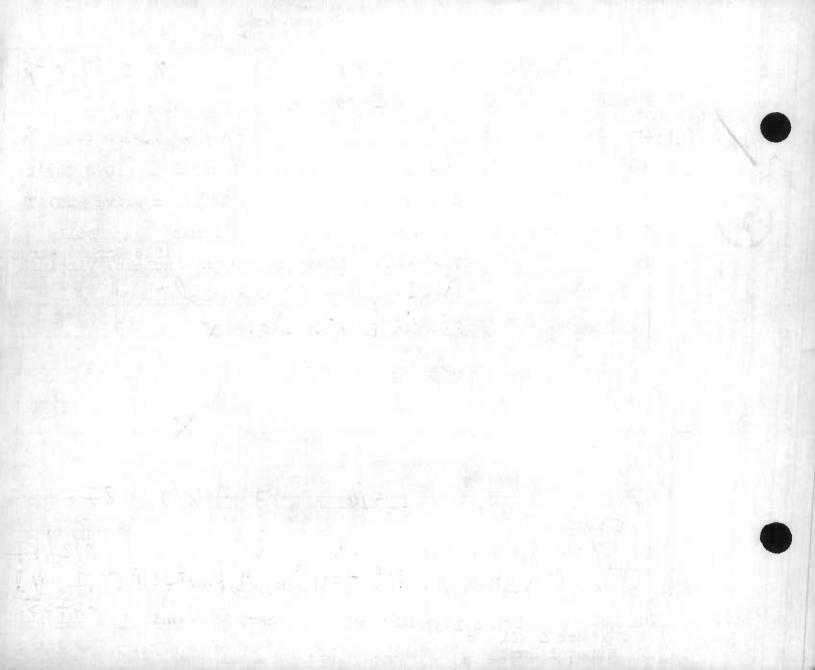
	FOR STATE REGISTRAR		DEPARTA	MENT OF HEA	OF MARYLAND ALTH AND MENTAL HYG ATE OF DEATH	SIENE / REG. NO	8 1	0 8
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DHMH - 16 60M 7/84 (VRA 15, 4) 663	24 FUNERAL DIRECTOR NAME Old Alexan	Lee Funer der Ferry Ro	al Home, I Clinton,	nc. Md 207	1111	e REC'D. BY REGISTRAR	REGISTRAR'S	SIGNATURE AND



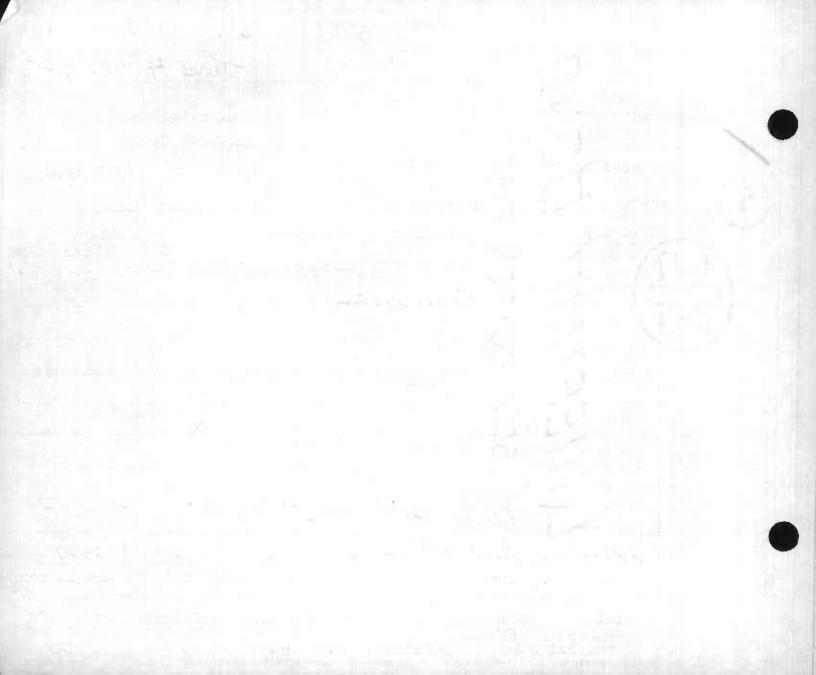
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DAY I. DECEASED NAME 2b HOUR LIYPE OR PRINTS & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 4. RACE 5 DATE OF BIRTH 3 SEX DATS MONTH Black. July 12, 1917 Male BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED XX North Carolina United States WIDOWED YAINCE. GRORGES 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION IND OF BUSINESS OR Regency Nursing Home Self Employed Produce Forestville ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION UN COUNTY Washington 13. STREET ADDRESS 13 Place N, F 113d INSIDE CITY LIMITS? D.C. YES XX NO T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Luther Newton Sallie Tate **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES WW11 246-16-4098 Naomi Newton Sister Same as 13e 18 CAUSE OF DEATH (Enter only one cause per line for late to late PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. MOTERTIFYING CAUSES OF DEATH? YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 711 LOCATION 214 INJURY OCCURRED THE PLACE OF INJURY COLFETT SEATE INT HOME STREET FACTORY OFFICE FARM ETC.) NOT HOUSE 22s.1 certify that (I) (this haspital) attends ur) opinion death occurred the date and hour and from the E SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Burial 30May 87 Cemete Witland, maryland Washington Nat'I 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Deneus Frazier's Funeral Home 389 Rhode Islnad Ave. (VRA 15, 4)

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4 mo	3 SEX	A RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ect code	Female	Whit e	July 19 1905	81 YRS	
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RECC low is be ermit e print	5 190 DATE OF OPERATION	N 196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
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BP	(SPECIFY)			CITY OF TOWN	COUNTY O + 5 M
DHMH - 16 50M 1/81	Bur ial 24 FUNERAL DIRECTOR THE	8June 1987 E Wilhelm	250 D	ATE REC'D. BY REGISTRAR 256 REG	Virginia ISTRAR'S SIGNATURE
(VRA 15, 4)		ADD.	Suitland, Md. J	UN9 1987 / 1	Nicolan Production



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BP	23a	BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Cedar Hill Cemet	23d LOCATION cery Suitlan	d COUNTY STAND
0HMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIREROBERT Funeral	E Wilhelm HOme Sui		TE REC'D. BY REGISTRAR 256 REG	SISTRAR'S SIGNATURE



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moy pod	3. SE	X	4 RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
a se a	Ma	le	White		July	15, 1927 YEAR	59	YRS.	MONTHS DAYS	HOURS MIN.
2 92 M/		RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY		OFDEATH	
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1 11 2	10,C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	170 USUAL OCCUPA		126 KINDO	F BUSINESS OR
2 10	2	Lanham				Pr. Geo. Co.	Plumber	· ·	Park	8 Plannin
No.	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY)	OTHER INSTITUTION ITY	Riverdal	/N	13d. INSIDE CITY LIMITS?	6705 Oakla	ZIP CODE	enue 2	20737
1 16 17	14 F/	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA		Description of		
1/1/1		(Unavailable)				Laura	Eliza	beth	Ciss	el
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DHMH - 16 60M 7/84	神科	ancis Gasch's S	ons Fun	eral Hom	e. P.	A. 254 PA	1 POY 1987 RAI	25h REGIST	RARISISTOMA	CRECALE
(VRA 15, 4)	47	39 Baltimore Av	enue Hy	attsville	Md.	20781				

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DHMH - 16 60M 7/84 (VRA 15, 4)

ROBERT

24 FUNERAL DIRECTOR

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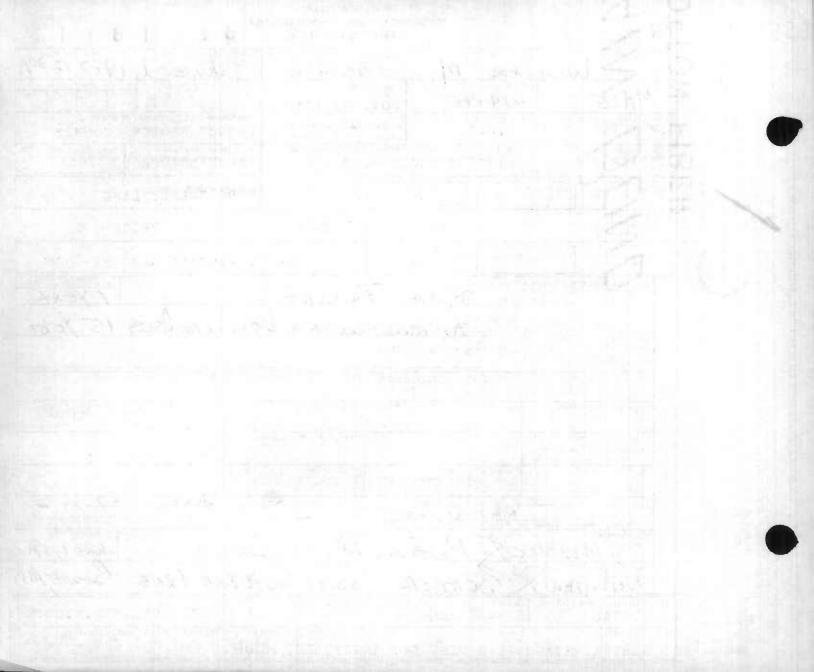
LAKEMONT MEMORIAL

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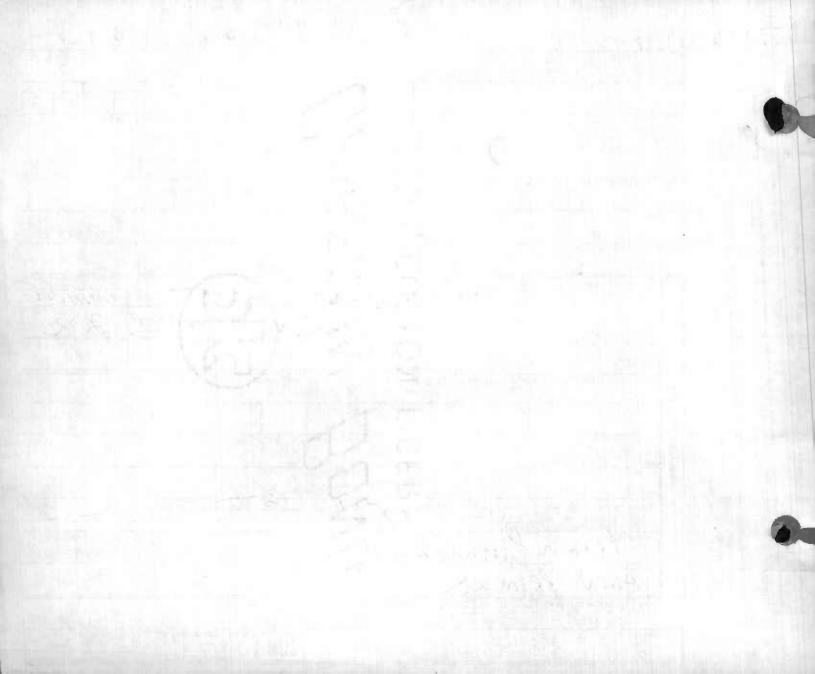
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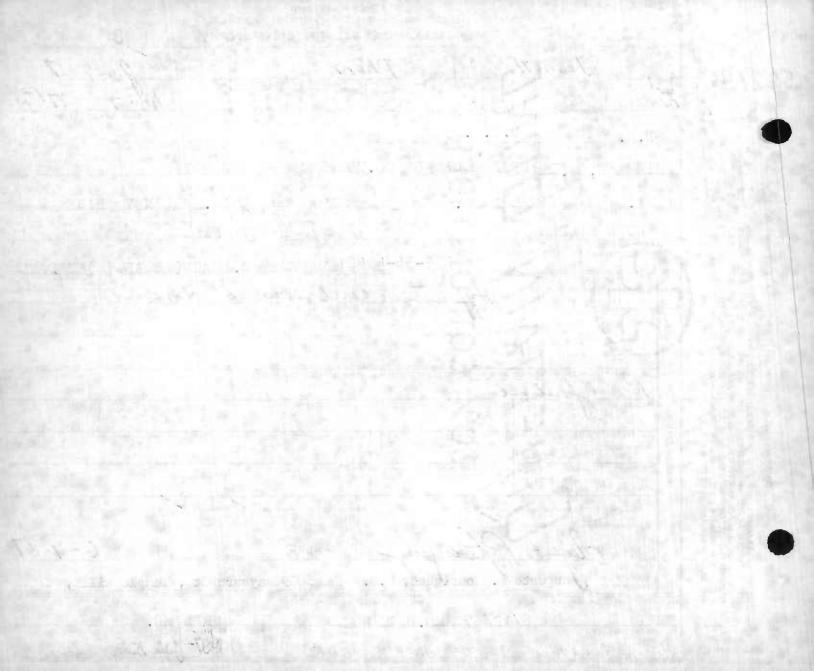
STATE OF MARYLAND

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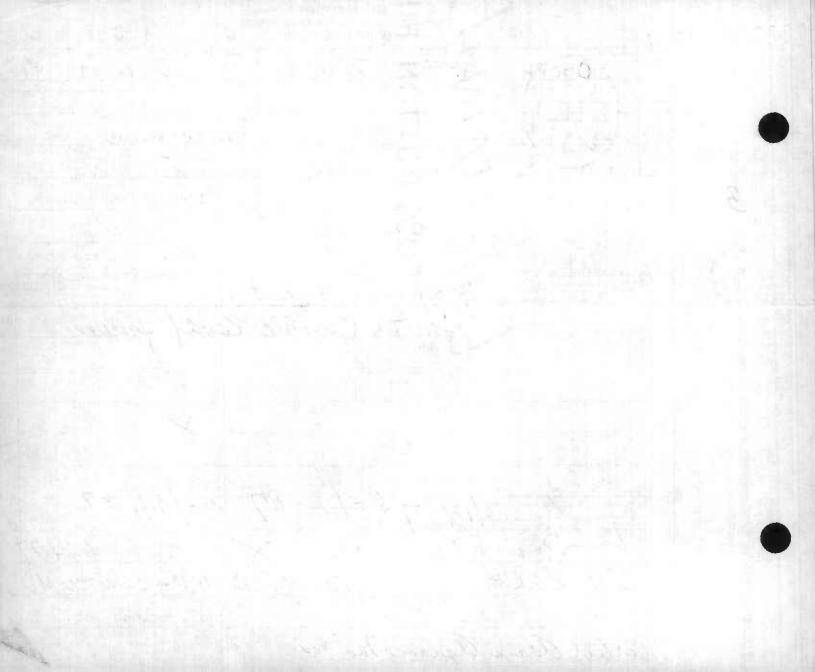
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3	SEX			4 RACE		S. DATE C		& AGE (IN YEARS LAST B	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
/		Female	100	Wh:	ite	June	22, 1921 YEAR	65	YRS	MONTHS! DATS	HOURS MIN.
70.		THPLACE (STATE ORF	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D X NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
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10	CIT	Y OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION	126 KIND C	F BUSINESS OR
Secret Land		nham		5507 R	uxton Dri	ve		Homemaker/Tr			own name/ reporting
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U.F.		Thomas		NIDOLL .	Pasco		Harriett	WIDDLE		Lang	lois
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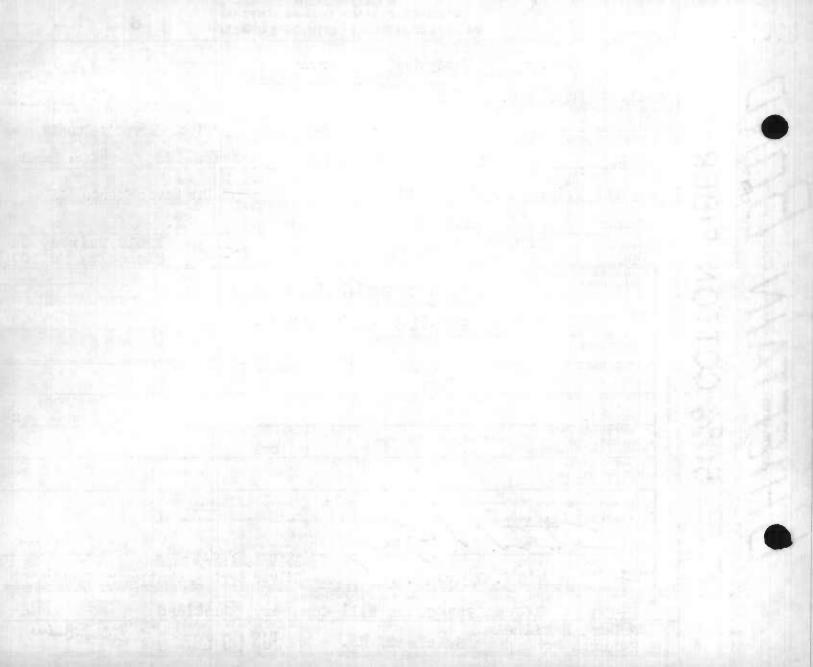
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN LIYPE OR PRINTI ESTIeanette DEATH MATED 056213 IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD 70 BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED ... DIVORCED 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 12h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY GEORGE CO. HOSPITAL HOUSEWIFF GIVE RESIDENCE BEFORE ADMISSIONI 30 STATE 1136 COUNTY LIL CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS CAPTTAL HGTS YES RE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE JOHN MILLER 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS IYES, NO. OR UNKNOWN I (IF YES, GIVE WAR OR DATES) 239-34-4942 18 CAUSE OF DEATH (Enter only one cause per,line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a. ... DUE TO, MAS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2.DAWER SIGNIFICANT CONDITIONS CONTRIBUTING TO OFAIH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to WRITING INC. CHIEF MY VARDED TO THE CHIEF MY PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA STATE DEPARTMENT OF HEA 19a DATE OF OP 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy and in my opinion death resulted fram. Natural causes Suicide Hamicide Undetermined manner Deputy MEDICAL EXAMINER Augusto ADDRES 5009 Rayburn Ct , Temple Hills. MD TYPE OR PRINT NA DE 230 BURIAL CREMATION REMOVAL 236 DATE 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE BURTAL 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



(VRA 15, 4)



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7 11 22	17-	STATE 8-21	-87 info	rmant	MEDICAL	EXAMIN	IER'S C	ERTIFICATE	OPDEA	ťн	REG. NO	8	1 /	
		CEASED NAME	FIRST		WIDDLE			LAST	1	DATE K	NOWN X	MONTH DA	YEAR YEAR	2h HOUR
IS NECESSARY, PLEASE EUNREAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS WERSTON STREET,			France	S	Josep			orter		DEATH	MATED [6/13	1987	M
E STE	3 SEX	(RACE	5. DATE OF	BIRTH DAY YEAR	6. AGE (IN YE	ARS IF UN	DER I YR. IF UND		C DATE	CED	MONTH DA	Y YEAR	2d HOUR
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ZEZ/	/ FC	RTHPLACE (STA		76 CITIZEN	OF WHAT COU	NTRY?	8. MARRI	ED NEVER MA	RRIED	BALTIMO	DRE CITY O	R COUNTY O	FDEATH	
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827			F IN NURSING HOME O		UTION, GIVE RESIDENCE	E BEFORE ADMISS	ION)	13d. INSIDE CITY LIMITS	390	9 ET ADDRES	S	1	ハフ	12-
		daryland				Bowie		YES NO	3901	New	Have r	Court,	#C5	
/	14. F.	ATHER'S NAME		MIDDLE		1461		15. MOTHER'S MA	IDEN NAME		7.1		LAST	
01		Oscar		MIDDLE	Phillip	S		Flore	nce	MIL	J.		(AS)	
DIVISION OF THE PROPERTY OF TH	16a. \	WAS DECEASED	EVER IN U.S. ARA	MED FORCE		CIAL SECURIT		17. INFORMANT		T. JV	ADBRES)18 Fa	irwa	v Ct
/		No	14 163, 5146	WAR ON DATES!	577	-07-0	842	Shirle	y Tol	ley	Gle	endale	, Md	2076
		18 CAUSE OF	DEATH (Enter an	ly ane cause	per line far (a), (b	o), and (c).)				10.77			APPROXIMAT	E INTERVAL
A EN		PARTIDEA	TH WAS CAUSED	BY: E CAUSE (a	Acute	myoca	rdial	disease					ET WEET OIL I	T AND DE ATT
HEALTH AND MENTAL HYGIENE,		1-22			TO, OR AS A CO	NSEQUENCE	OF	11-16-	-					
REN			, if any, which) (b	chron	ic myo	cardi.	al diseas	e.					
S.			stating the under-	DUE	TO, OR AS A CO	NSEQUENCE	OF		100					
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M		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT REL	ATEO TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN	(PART 1 Id)					
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2	1 =		ne										YES 🗌	NO X
II PRIOR TO BURIAL, CREM		210. EXTERNAL			TIME OF INJURY OUR A.M. MONTH	DAY YEA	21c. HC	OW INJURY OCCUR	RED LENTERN	ATURE OF INJU	RY IN ITEM 18 P	PART 1 OR PART 2)		
S.	2	CONTRIBUTIN	G CAUSE OF		P.M.	19			ne					
	MEDICAL	21d. INJURY OF			PLACE OF INJUR' REET, FACTORY, FARM,			TREET		CITY OR TOW	N	COUNTY		STATE
21201		AT WORK	AT WORK	1			- 1							
5,		22a I certify	that I took charg	e of the rem	ains described ab	ave, held an	Autops	sy 🔲 , Inspec	tian .	Inquiry	X) and	d in my apinian	,	
Y Y		death resulted	frem Natur	al causes [X Accident	1 30	uicide 🔲	, Hamicide	. Undete	rmined mar	ner .			
AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		ACTUAL	7	0	000	w.73.		TITLE (SPECIFY)						
# # H Y \ Y		SIGNATURE	10	24		Ju		Deputy	MEDI	CAL EXAMI	NER	DATE SIGNED	6/13	3/87
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- 4		TYPE-CIR PICIN	1)		Rogers			ADDRESS Silv			Mon tg	omery (ounty	, MU
< ∞	23a.B	SPECIFY)	ION, REMOVAL ?					R CREMATORY	23d LOC	CATION DRIOWN UITLE		COUNTY		TATE
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7	1	UNERA BREET		lhel	Mooress Cari to	land,	Ма	7 11	IN 1 O	1007	July	a Duridar	n. Load	alds
(5))		Fune	ral Hom	ie.	DUIL	. Lanu,	rice .	U	011 1 3	1301	14			



DEPARTMENT OF HEALTH AND MENTAL HYGIENE. STATE REGISTRAR 20 DATE KNOWN I. DECEASED NAME MONTH 76 HOUR (TYPE OR PRINT) OF ESTI-FOR YOUR FILES.
W. PRESTON STREET, DEATH MATED Jean Marie Corpening Powell 22 1987 6 4 RACE IF UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 4:20P Feb. 27, 1956 Black. 31 Female 1987 76. CITIZEN OF WHAT COUNTRY? O BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY! Prince George's County, North Carolina U.S.A. WIDOWED DIVORCED AGES 1, 2, AND 3 TO THE FUN RM PM 3. RETAIN PAGE 6 LAND 2 SHOULD BE FILED W TOF WITH REPORDS, 201 W. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Cheverly Prince George's General Hospital Homemaker Home 3a. STATE 13e STREET ADDRESS 136 COUNTY 13d. INSIDE CITY EIMITS? n/a 4400 Hunt Place, N.E. 20019 Washington D.C. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Clvde Corpening Trene Horton 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT TYPES NO OR LINKNOWNI I LIE YES GIVE WAR OR DATES! Unavailable Jenny V. Connelly (sister) Same as 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple stab wounds DUE TO, OR AS A CONSEQUENCE OF FORWARDED TO THE WORD TENNING EXAMINER ALL FORWARDED TO THE CHIEF MEDICAL EXAMINER ALL OR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT THE STATE DEPARTMENT OF HEALTH AND MENTAL HY(Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [710. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR MONTH DAY YEAR UNDERLYING XXOR 3:30·M. CONTRIBUTING CAUSE OF DEATH 22 19 87 6 Subject stabbed 21e PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED IL LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLMORE, MARYLAND, 21201 P AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN 1014 Highview Dr, Capitol Hgts, P.G. Co, MD. home 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry Homicide X Undetermined manner Natural causes Accident Suicide TITLE (SPECIFY) Assistant 6/23/87 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 73c. NAME OF CEMETERY OR CREMATORY 27 June 87 Harpertown Community Cemetery Lenoir, N.C. Burial 07/84 BP 256 CECHERA CESTENATIO 24 FUNERAL DIRECTOR DHMH - 17 Capitol Funeral Service, Falls Church, Virginia OVR A15 ME (5)

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FOR STATE

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may be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

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7		8
-	REG. NO.	

O.	18	REGISTRAR				•••••			REG. NO).	201321		
		CEASED NAME FI	IRST	M	IDDIE	1	AST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOU	R
	1	Dor	is	Jea	nette	OU	IGLEY		June 14. 19	987		5:5	5P M
	3. SE)	X		4. RACE		5 DATE C		WEAD	6. AGE (IN YEARS LAST BIRT		ONTHS DAYS	IF UNDER	24 HRS
	1	Female		W	nite	Dec		1921	65	YRS	DATS	HOURS	Mile.
4		RTHPLACE STATE OR FORF	IGN I	6 CITIZEN OF V	VHAT COUN	TRY?	D NEVER	ALABBIED T	9 BALTIMORE CITY OF	COUNTY	OF DEATH		
/		Vash., D.C.		U	.S.A.	WIDOWE		NORCED [Prince Geo	rge's			MD.
3		ty or town of death Lanham		11. NAME OF H (IF NOT IN SUCH Doctors	OSPITAL, NU FACILITY, GIVE S HOSP	IRSING HOME C STREET ADDRESS) Ital of	Pr. Ge	co. Co.	120 USUAL OCCUPATION INVESTIGATION Administra	WORKING LIFE	12b. KIND O INDUSTRY Libr		SSOR
5	13a S	MD	COUN		13c. CITY OR Lanh	TOWN	13d. INSIDE (NO 🗌	13e.STREET ADDRESS / 7407 Kidm	ZIP CODE	ourt/20	706	
	14 FA	George	^	W.]	Everda	le		S MAIDEN NA FIRST BESSIE	WE		Schri		
		VAS DECEASED EVER IN				SECURITY NO.	17 INFORM	ANT	ADDRE	SS			
	1	YES, NO OR UNKNOWN) (1)	F TES, GIVE	WAR OR OATES)	577-	24-3213	John	A. Qui	igley, Same	addres	ss as #	£13.	
	Z	Conditions, if ony, wi gove rise to immed couse (0), storing underlying couse	MEDIATI hich liote the lost	DUE TO, OR	AS A CONS	EQUENCE OF			daulure in (ance)		EN IN PART 10	a.	
2	CERTIFICATION	190 DATE OF OPERATION	N	19b. CONDIT	ION FOR WI	HICH OPERATIO	N WAS PERF	DRMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDING CAUSES	NGS USE OF DEA	TH?
-		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF OF A	118	A. MONTH	DAY YEAR	21¢ HOW If	JURY OCCUR	RED (ENTER NATURE OF TRIUS	Y IN ITEM 18 PA	RT 1 OR PART 2)		
	MEDICAL	21d INJURY OCCURRED		21e PLACE C	F INJURY	FICE, FARM, ETC.)	211 LOCATI		CITY OR TO	WN	COUNTY	5	STATE
		220.1 certify that (1) (the	olive on.) / / / .	14	19. 8. 7. or	DEGREE	. 17	death occurred on the do			-	,
1		Martin Thomas A	D.	Weltz, N	1.D. M.D.	801	7525	15	y Center, G		/	. 20	770
		BURIAL, CREMATION, REA		23b DATE		23c NAME OF C			23d LOCATION				
	-12	Burial		6/17/		Ft. Lin		emetery	Brent	wood,	MD	.5	STATE
		UNERAL DIRECTOR JO							E REC'D BY REGISTRAR	- h	RAR'S SIGNAT	-	
	1		42			,		11111	17771107	the contract of	Frank V. Y	and the same	-

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this

IMPORTANT: If them 21 is marked or them 18 shows ony injury, ar ather traumatic event, the

should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

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6/17/87 Ft. Lincoln Dewbery

Joseph Harlertm Song, Inc.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED & AGE (IN YEARS. DATE OF BIRTH IF UNDER 24 HRS DATE RONOUNCED Caucasian 10/26/1893 BALTIMORE CITY OR COUNT MARRIED NEVER MARRIED Czechoslovakia United States Prince George's WIDOWED X DIVORCED II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS Cheverly Prince George's Hospital Housewife Own Home USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Prince George's Colmar Manor Maryland 13d INSIDE CITY LIMITS? 3304 40th Avenue YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE (unavailable) Vrbovsky Mary Dolnan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** NO 215-48-0771 Adel Rajscok (Daughter) Same as #13 18 CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY luctes cerebro-Cardisvacales disease IMMEDIATE CAL TUETO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM ETC.) CITY OR TOWN WHILE AT WORK 220. I certify that I took charge of the remains described above, held an death resulted from: Natural causes PAGE 4 SHOULD E TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARY TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Migusto P. Rodriguez, M.D. ADDRESOOS Rayburn Ct. 23d LOCATION Burial 06/23/87 Ft. Lincoln Cemetery P.G. MD Brentwood 07/84 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE Francis Casch's Sons Funeral Home, P.A. **DHMH - 17** (VR A15 ME (5)) 4739 Baltimore Ave, Hyattsville, MD 20781

Rajocok Opper reduction contin-land an advisory design 6-20-87 Giralin Bloom and amore and an arrange of a country of

19 J	4=	FOR 79 STATE REGISTRAR		STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	REG. NO.	8121
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
		WILLI		RAND	05	30 87 3:30A _M
	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MUNINS DATS HOURS MIN.
		Male	Black	10 6 10	76 YR	
20		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	NTY OF DEATH
17	,	CONTRAT			PRINCE GEOR	GE'S MD
4		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR
5	13a S	AL RESIDENCE (IF NURSING HOME (TATE 13b. COL	OR OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)	? 13. STREET ADDRESS / ZIP CO	20743 Pleasant Drive
E	14. FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN	NAME	LAST
1		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	09-6417	ADDRESS	
		18 CAUSE OF DEATH (Enter of PART 1. DEATH WAS CAUS	rely and save per line las (a) (b		PREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSE	COURATORY FAILUR	ENCINONA OF LUI	
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TI	erminal disease or condition	GIVEN IN PART TO
9	CERTIFICAT	190 DATE OF OPERATION	19b. CONDITION FOR WH	TICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH	DAY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM	18 PART : OR PART 2)
1	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	PICE FARM, ETC.)	CITY OR TOWN	COUNTY STATE
6m 21 is mo		saw the deceased alive abave, (1) (we) (did) (did r	nat) view the bady after death.	9 8 7 ond that in (my) (aur) apin	7 , ta 5/29 ion deoth occurred on the date and	, 19 7, that (I) (we) last hour and from the causes stated
		C Royun 22d. PHYSICIAN'S NAME (TYPE	Ah Ahm	ATTENDING PHYSICIAN 22e ADDRESS		6/2/87
1		KHA JA	AHMED	116 ADDRESS		
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DHMH - 16 60M 7/84 (VRA 15, 4)

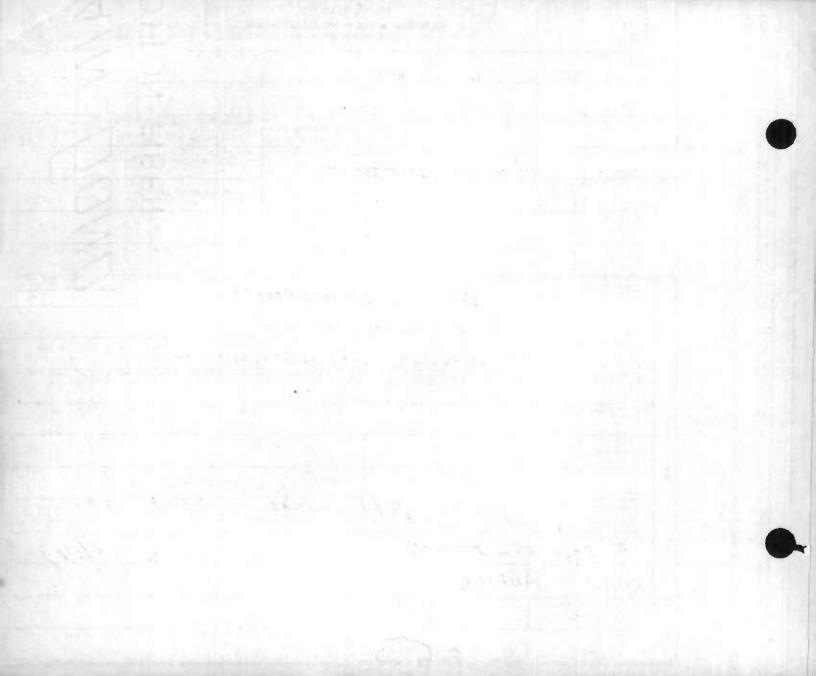
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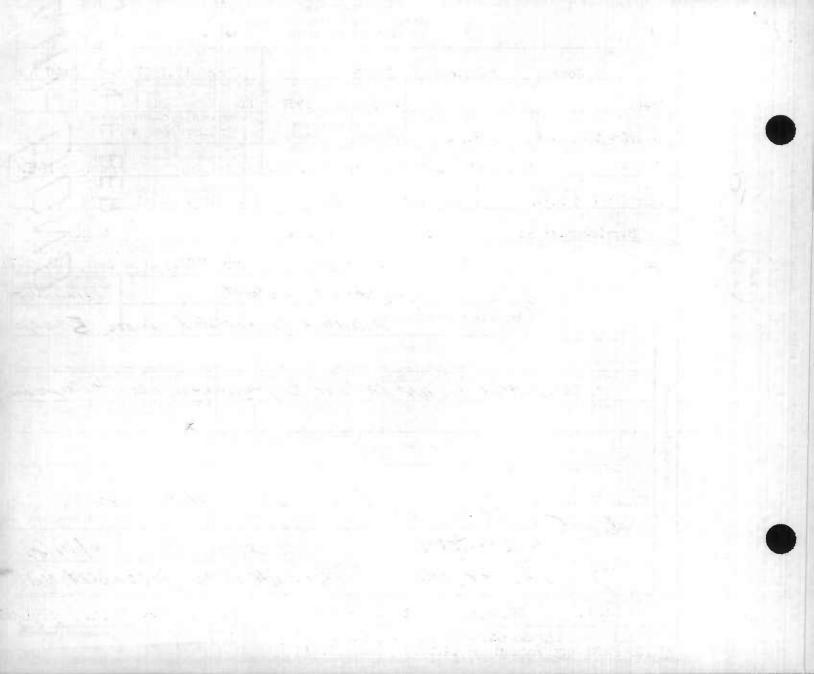
24 FUNERAL DIRECTOR

State Anatomy Board Balto., Md.

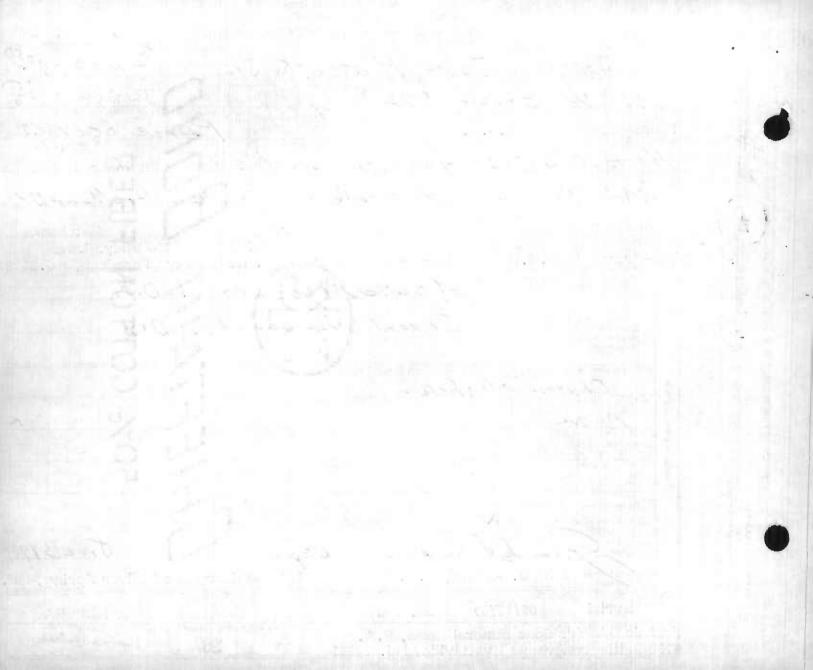
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(VRA 15, 4)



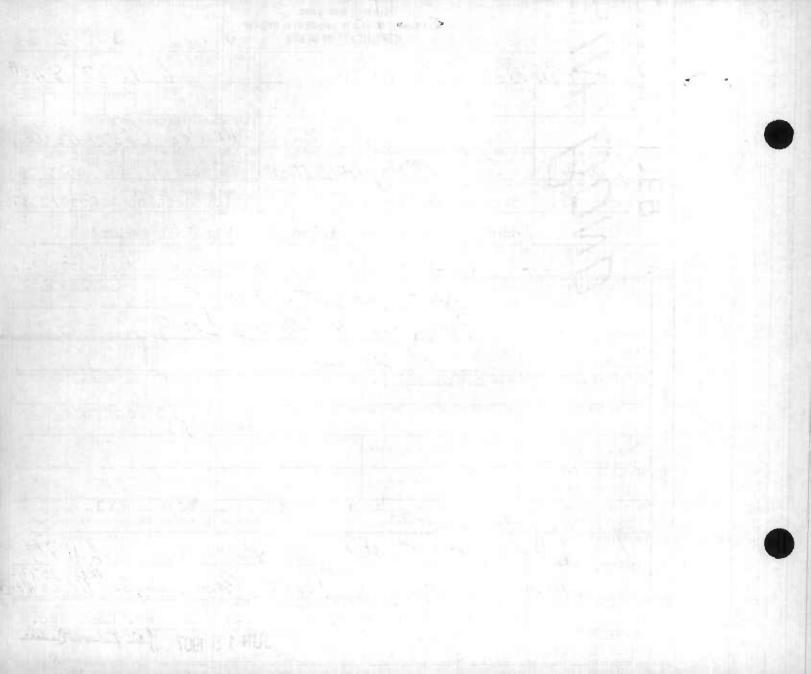
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And Andrews		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	AT COUNTRY?	MARRIED NE	VER MARRIED DIVORCED	9 BALTIMORE CIT		YOFDEATH	Pos Com	
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marky Lynn red within and 2'sh	A FA	THER'S NAME Charles	Menry	Rich	10 11.0	Lorence	Virgi		Burch		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours, rattending physician and completely filled in by distributions has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonapapers. Pages, and 2 showld be filled that mental Hyguene prior to burial, cremation, ar removal.	NO	18 CAUSE OF DEATH IERTER PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DIATE CAUSE (0) DUE TO, OR AS (b) DUE TO, OR AS	A CONSEQUE	NCE OF SECTOR		M'C LA	eng ONDITION G	IVEN IN PART 110		
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OR ATTENDO e hospital ar DIRECTOR. A ched for use ched for use Dept. af Heal		220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did) 7th 5th ATUPE	on (a - 1 b) I not) view the body afte	19 8	ond that in	ATTENDING PHYSICIAN	, to	or date and ha		SIGNED	
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DHMH - 16 60M 7/84 (VRA 15, 4)		ineral director until Funeral	l Home V		Box 156 f, Md. 2	2060	UN 7°5°198	37 25b. pf G5	TRAPT SIGNATU	PRandalla	



STATE OF MARYLAND

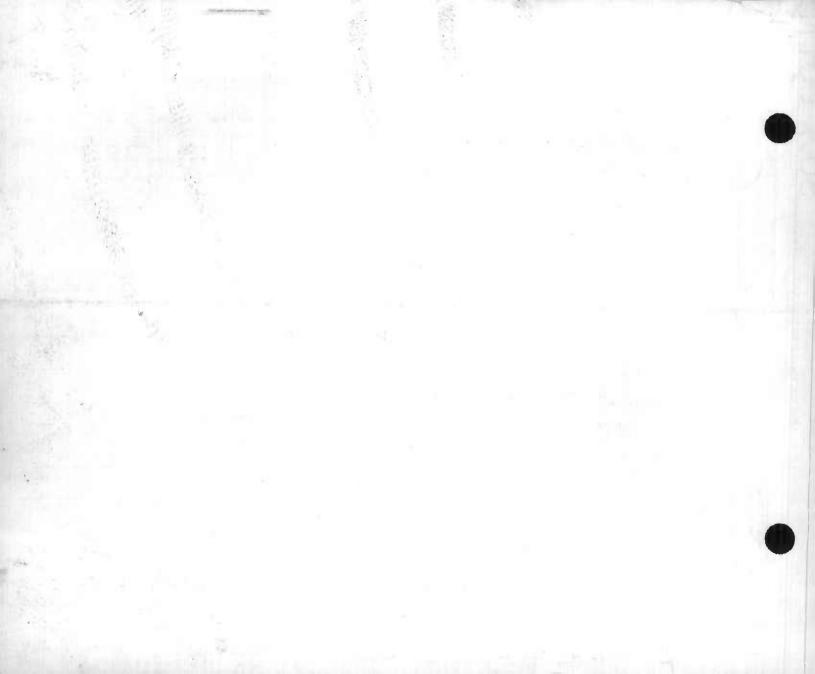
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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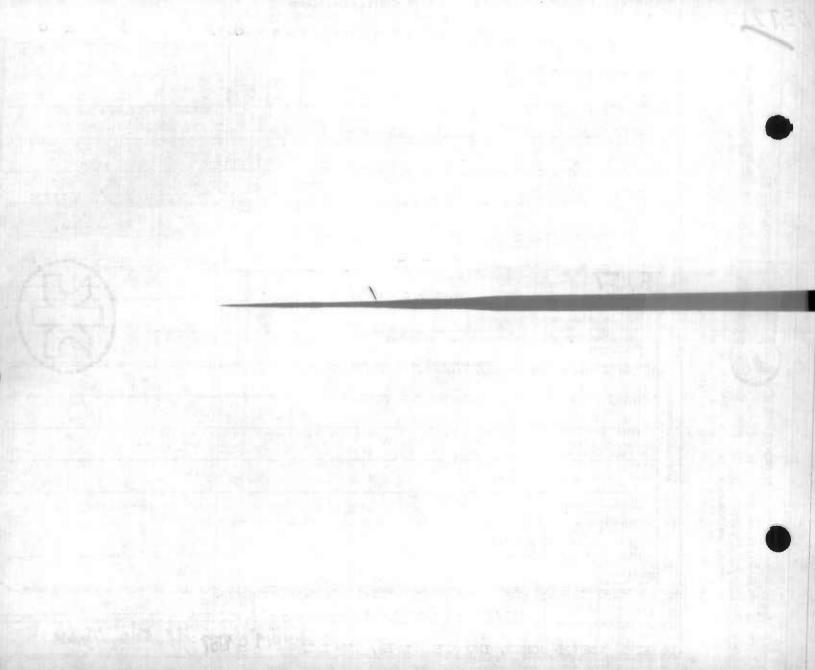
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	18127
REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH RE DECEASED NAME FIRST MODIE LASY TO DATE KNOWN	G. NO.
(TYPE OR PRINT)	
Female Black 04 18 87 A SEX FEMALE SEX SEX SEX SEX SEX SEX SEX SEX SEX SE	6 28 19 87 8 1 A
76 BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED X 9 BALTIMOREC	ITY OR COUNTY OF DEATH
Washington, D.C. WIDOWED DIVORCED Prince OF THE PROPERTY OF TOWN OF DEATH IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE FOR MOST OF WOR	OR INDUSTRY
Hyattsville 5034 38th Ave. N/A USUAL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! 130, STATE 1130, COLINTY 1130, COLINTY 1131, INSUE (IIV IIMIS) 1131, STREET ADDRESS	N/A
Maryland PG Hyattsville YES NO 5034 38th Av	venue 20782
THE FATHER'S NAME AND THE PROPERTY NAME Cristo Rivas Rivas 15. MOTHER'S MAIDEN NAME Karen MIDDLE	Robertson
The father's name condition of the first of	
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSE BY: Sudden Infant Death Syndrome Conditions, if ony, which gave rise to immediate (b)	
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which	
NAME OF STREET O	
Section Sect	
196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 197 PART OF INJURY 198 PART OF INJURY OF INJURY 198 PART OF INJURY OF IN	20 AUTOPSY?
216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN IT	YES 🕅 NO 🗌
ONDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19	TEM 18 PART 1 OR PART 2)
VOID TO THE TIME OR CONTRIBUTING CALSE OF DEATH P.M. 19 214 PLACE OF INJURY (AT HOME, STREET STREET) 214 INJURY OCCURRED 214 PLACE OF INJURY (AT HOME, STREET) 214 INJURY OCCURRED 214 PLACE OF INJURY (AT HOME, STREET) 215 PLACE OF INJURY (AT HOME, STREET)	COUNTY STATE
220. I certify thou Took charge of the remain and the above held an Autopsy . Inspection . Inquiry	and in my opinion
ACTUAL SIGNATURE SIGNATURE SIGNATURE MEDICAL EXAMINER	DATE SIGNED 6-28-87
THE (SPECIFT) ASSISTANT MEDICAL EXAMINER OF CEMETERY OF CREMATORY 130 BURIAL, CREMATION, REMOVAL 236 DATE 1236 DOCATION 1236 BURIAL, CREMATION, REMOVAL 236 DATE 1236 DOCATION 1236 DOCATION	o., MD 21201
Burial 7-01-87 Harmony Memorial Park Landover	PG"MY Maryland
DHMH-17 (VR A15 ME (5)) 24 FUNERAL DIRECTOR J. B. MAE Jenkins FH/7474 Landover Rd/Landover, Md 250 DATE REC'D BY REGISTRAR 250 DATE REC'D BY REC'D BY REGISTRAR 250 DATE REC'D BY REGISTRAR 250 DATE REC'D BY REC	REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME MONTH DAY Zb. HOUR (TYPE OR PRINT) DEATH MATED 6-13-8719 JENNIFER ROGERS 4 RACE AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR 20. DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD 7:30R FEMALE CAUCASIAN 1979 7 YRS 6-13-8719 10 76. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Prince George's County DIVORCED VIRGINIA USA O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Beltsville 95 Southbound N. of Rt. 212 STUDENT NONE 13a. STATE LIBB. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS VIRGINIA FAIRFAX SPRINGFIELD YES [NOX 7925 ST GEORGE COURTY (22153) H FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST CEORGE ROGERS KIMBERLEY SPICER 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO **ADDRESS** (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 224-25-9395 FATHER 7925 ST GEORGE CT SPRINGFIELD. VA IN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (r).) BETWEEN ONSE! AND DEAD DEATH WAS CAUSED BY Multiple injuries Conditions, if any, which gave rise to immediate come (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying coine last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN INE DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING SOR passenger of an auto/fixed object collision CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211. LOCATION REET, FACTORY, FARM, ETC.) WHILE AT WORK 95 Southbound N. of Rt. ngwy. Beltsville,Md Autopsy X 22a I certify that I too Inquiry ond in my opinian death resulted fro Undetermined monner TITLE (SPECIFY) ACTUAL DATE 6 - 14 - 87Mp Chief SIGNATURE MEDICAL EXAMINER SIGNED EXECUTE PAGE 4 TO FUNE AFTER DE BATTIMO EXAMINER'S NAME 111 Penn Street John E. Smialek, M.D. (TYPE OR PRINT) **ADDRESS** 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY COUNTY STATE BURIAL 6/17/87 FAIRFAX MEMORIAL PARK FAIRFAX VIRGINIA 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VIRGINIA



Fleck Funeral Home, Inc. Laurel, Maryland 10070705

250 DATE REC D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Divider Readure

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR LDECEASED NAME 20. DATE KNOWN MONTH YEAR 24 HOUR (TYPE OR PRINT) OF ESTI-JR. EUCENE Claude Rowan 6 1987 4 RACE AGE (IN YEARS IF UNDER 1 YR. 2d HOUR 5. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 10:43 MALE 1941 DEAD 2. 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED K NEVER MARRIED FOREIGN COUNTRY) MARYLAND U.S.A. WIDOWED DIVORCED Prince George's County IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS LITHOGRAPHIC INSPECTOR, DEPT. Doctor's Hospital Lanham USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION OF DEFENSE 13a STATE 13e STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? P.G.C. Md. **CRIDENIBIOTAL** YES X 8005 MANDAN RD. #302 NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST CLAUDE ROWAN SR. MARY CLINE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO 17 INFORMANT ADDRES MARKET ST. IYES NO OR UNKNOWN) 578-54-6913 KATHLEEN ROWAN CUMBERLAND, Md 21502 no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF **BURIAL-TRANSIT** Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost DIVISION OF VITAL RECORDS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION Diabetes mellitus 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? E 3 SHOULD BE USED E DEPARTMENT OF HE DI PRIOR TO BURIAL, 20 AUTOPSY? YES X NO . 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE A SHOULD BE FORWAR TO FUNERAL DIRECTOR: PACE AFTER DEATH, WITH THE STATE BAUJIMORE, MARMI AND 22a. I certify that I took charge of the remains described above, held an and in my apinian death resulted from: Natural couses Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 6/7/87 M.D. Assistant MEDICAL EXAMINER SKINATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. BaltoMD. TYPE OR PRINT ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOW 6-10-1987 CHAMBERS RIVERDALE CREMATION CREMATORY 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** W. W. CHAMBERS CO. RIVERDALE, Md. 20737 (VR A15 ME (5))

STATE OF MARYLAND

IT OXAGE! EXE POR MED. continue de la company de la c M. . GEODORO O. HIVING M. 20157 . .

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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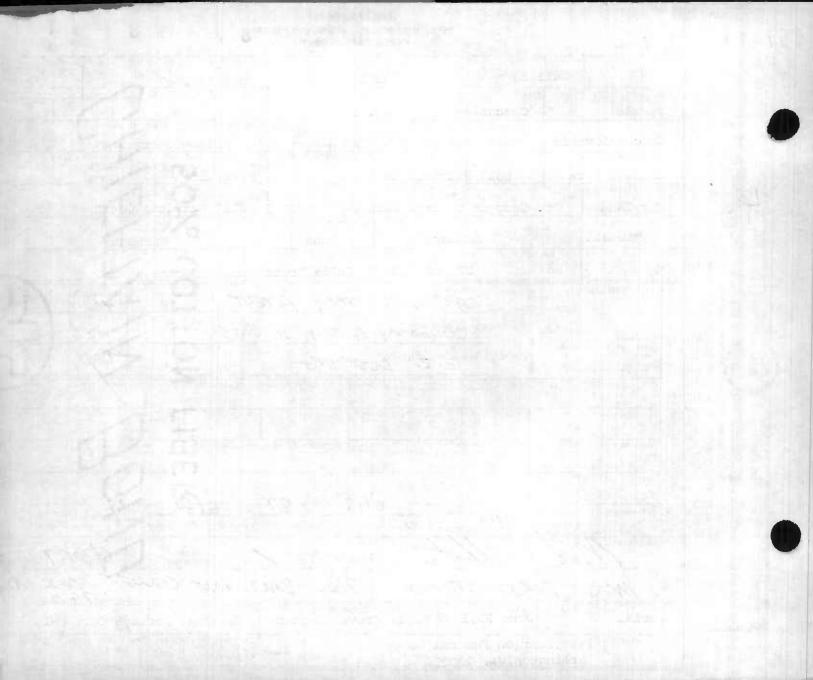
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130.2007		CEASED NAME	FIRST	,	AIDDLE	Ĺ	AST	20	DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
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mo)	3. SE	<		4 RACE		S. DATE C				IF CINDER I YEAR	IF UNDER 24 HRS	
ge 4]	Female	200	Caucas	sian		. 19,1895		92 YRS	DATS	MIN.	
2 5	7a BI	RTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9	BALTIMORE CITY OR COUNTY	OF DEATH		
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10 PP		TY OR TOWN OF DEAT		(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A 7 Patrici	DDRESS)	PROTHER INSTITUTION		O USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFT HOUSEWIFE	12b KIND O		
AND 213	13a S	Maryland	136 COUN	OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMIT		street ADDRESS / ZIP CODE 8817 Patricia	240	20740	
H TOTAL	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDE	NNAME	MIODLE	LA	ST	
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o pes dico		VAS DECEASED EVER II		MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT		ADDRESS			
S. Po]	No	No		278 62 (0220	Julia Ar	rett	same address a			
ST., BAI g physica ion pape removal.		18 CAUSE OF DEATH (Enter only one couse per line for 10) (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIOPULMONARY MEN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MEN										
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eq en carte de la	NOI	PART 2 OTHER SIGN	IFICANT C	ONDITIONS <u>CC</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR CONDITION GIV	EN IN PART 1	a	
NG PHYSICIAN. The low requested physician. Ifter this certificate has been a so the burial-transit permit. The thand Mental Hygiene prior to orked or flemy 8 sec. time injurial.	CERTIFICATION	190 DATE OF OPERATI	ION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIF	, WERE FINDI YING CAUSES		
VIT. T. T	CER	21a. ACCIDENT WAS UNDE	-		FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OF	CCURRED	(ENTER NATURE OF INJURY IN ITEM 18 P.	ARE OR PART 2)		
SICIA BICIA Periodi- Territol	CAL	OR CONTRIBUTING CA		1141		19						
WISION G PHYS offendin ter this c s the bu	MEDICAL	216 INJURY OCCURRE	E 🗆		EET, FACTORY, OFFICE, FA		211 LOCATION STREET	00	CITY OR TOWN	COUNTY	STATE	
NDth I or I or Use of tealth		220 I certify that (I) (saw the decease	this haspii	ral) attended/th	deceosed from	77	//8	81	. to 6/20	19 67	that (1) (we) last	
Spiro CTO I for of h		saw the deceased obove, (I) (we) (di				on	d that in (my) (our) op	oinian dea	th occurred on the date and have	and from the	causes stated	
AL OR, the ho AL DIRE detached detached II: If Herritist II:		226 SIGNATURE	ant	Car	lust to		M.D. ATTENDIT	NG AN	MEDICAL STAFF DIRECTOR PHYSICIAN	G/	20/87	
TO HOSPIT ereined by TO FUNER should be o		22d PHYSICIAN'S NAI	ME (TYPE O	ARKHU	RSTMC				T. ANS COL	de	OPEK W	
Open Open Market	23a. B	URIAL CREMATION, R		123h DATE	173c N	AME OF C	EMETERY OR CREMATO	OPY	234 LOCATION		40	

DHMH - 16 60M 7/84 (VRA 15, 4)

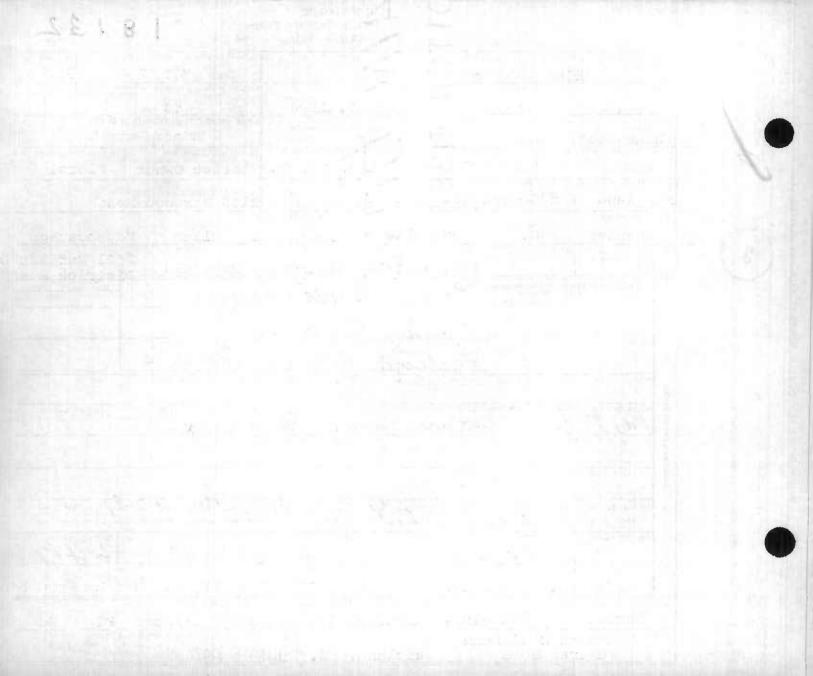
BP.

74 FUNERAL DIRECTOR IVES-Pearson Funeral Homes Arlington, Va. 22201

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME LAST 20 DATE OF DEATH MONTH 7b. HOUR (TYPE OR PRINT) 5:09 A. Helen RYAN June 4,1987 Mary 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS S DATE OF BIRTH IF UNDER 1 YEAR 3 SEX 1906 80 YRS Tulv Female. White To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's Shenandoah, Penna USA WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR Doctors Hospital of Pr. Geo. Co. (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lanham Florist Owner Floral USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Pr George 13. STREET ADDRESS / ZIP CODE 2105 Harwood Road 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Maryland District Hts ES T NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Charles S. Wychulis Yatescavage Alexandria Ellen 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT HEYES GIVE WAR OR DATEST 2601 Edfeldt D 205-05-2817 Eleanore T McDonald No 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY2 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 710. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from sow the deceased alive on the bady after death and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATOR DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN THAME ITYPE OR PRINTS 22e ADDRESS should be with the Benjamin S. Pecson, M.D. 6106 Old Silver Hill Rd., District Hgts, Md. 0 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 8June1987 Resurrection Cemetery Clinton 24 FUNERAL DIRECTOR ET E Wilhelm 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 Julia Dividson Randallo Funeral HOme (VRA 15, 4) Suitland, Md.



AND STREET, AND STREET

injury, ar other traumatic event, th

MPORTANT: If Item 21 is marked or Item 18 shaws any

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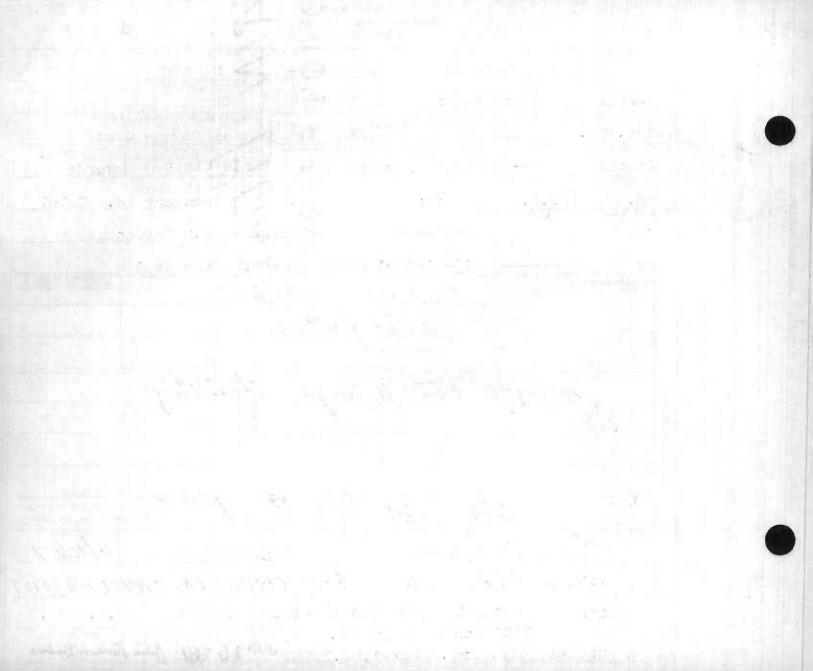
(VRA 15, 4)

page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG.	NO I	3 1	3 4		
		EASED NAME FIRST	- /	MIDDLE	i	AS1	20 DATE OF DEATH		AY YEAR	2b. HOUR		
1	{TYPE	Anne	Victoria			hneeberger	June 10, 1	987		B:20 A M		
	3. SEX		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY)	F UNDER 1 YEAR	IF UNDER 24 HRS		
		Female		asian	MONTH	26 1918	68	YRS	ONTHS DAYS	HOURS MIN.		
5		RTHPLACE (STATE OR FOREIGN DUNTRY)	USA.	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DI	Prince Ge		oun tr	11m +17		
1	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME C	DR OTHER INSTITUTION	IZE USUAL OCCUP. LIVPE OF WORK FOR MO: SalesCle	ATION st of working life)	126 KINDK 1NDUSTR	TONS WESS OR		
		Laurel				ille Hospital	Salescie	erk .	Ward	ds		
	13a S	TATE 136 COU	NTY	13E. CITY OR TOW	N		13e STREET ADDRES			00707		
4	_	THER'S NAME	G.	Laure	: 1	YES NOXX	233 Patu	ixent F	(a. 2	20707		
5		FIRST	WIDDLE	LAST		FIRST	MIDDLE		LA!	ST		
4		Joseph VAS DECEASED EVER IN U.S. A	PMED FORCES?	Kasinsk		Katherin		Zarde	skas			
	(Y		IVE WAR OR DATES)	15-01-0		Kathy Flest		as 13	3e			
7		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PARTI. DEATH WAS CAUSED BY:										
H			TE CAUSE (0)	lard	roze	me sura	12					
		Conditions, if any, which (b) reluce of failing										
	1	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
		underlying couse lost. (c)										
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF THE SECOND CONTRIBUTIONS OF THE PARTY OF THE PA							N IN PART 1	0,		
1	CERTIFICATION	190 DATE OF OPERATION	CONDITION FOR WHICH OPERATION			N WAS PERFORMED	20a AUTOPSY?					
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?		216. ACCIDENT WAS UNDERLYING CAUSE OF DE	HOUR A.	M. MONTH DA		THE HOW INJURY OCCURR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 19 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			211 LOCATION	CITY OF	TOWN	COUNTY	STATE		
Ì	×	WHILE NOT WHILE AT WORK	(AT HOME, STR	REET, FACTORY, OFFICE, F	ARM ETC)	627	4.0	0 1		STATE		
	1	22a. I certify that (I) (this hasp saw the deceased alive a	/ / /	edeceased from	27	nd that in (my) (our) opinion of	depth occurred on the	date and how		that (I) (we) last		
		obove, (I) (we) (did) (did n	ot) view the body	ofter death.	, ,		ocom organica on me	dore ond noor	22c. DATE			
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	23a B	LIRIAL CREMATION REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LOCATION		MEC N	111 20 10 1		
		SPECIF Burial	23h DATE 6/12/			11 Cemetery			P.G.	Md.		
		INERAL DIRECTOR		Sandy Sp			E REC'D. BY REGISTR	AR 256 REGISTR				
		amla Dance 1	TT-	T T		Md. 20707	JIV 1 5 400	7 / Julia	Dender	Vandalla		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1. DECEASED N	AME FIRST		MIDDLE	(AST	20 DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
	(TIPE OR PRINT)	ELIZABETH		C.	SCO	TT	June 22, 1	987		5:50 Am
	3 SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
		emale	Caucas		June	12, 1910 YEAR	77	YRS.		HOURS MIN.
	70 BIRTHPLACE	(STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
)	Pennsy.	lvania	U	SA	WIDOWE		Prince G	eorge!	s Coun	ity MD.
5	10 CITY OR TO	WN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
2	Lanha		Doctor'	s Hosp.	of P.	G. County	XX Cleric		Reta	il
5	Maryla	nce (# nursing home of 13b COU		Bowie		13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 13202 Ove		Lane	20715
1	14. FATHER'S N	AME RS1	WIDDIE	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	
		rick	Middle	Carroll		Mary	MIDDLE		Grady	
1	160 WAS DECE (YES, NO OR U	ASED EVER IN U.S. AI	RMED FORCES? VE WAR OR DATES)	211-10-7		Marita F. Gen	1320	2 ^{SS} Over	brook I	ane
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		OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO [DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVE	EN IN PART 10	0
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	sow	tify that (1) (this hasp the deceased alive a ve, (1) we (did) (did n	, Jun	21 19	37.0	nd that in (my) (our) apinion (death occurred on the c	lote and hour	and from the	that (1) (we) lost causes stated
	22b. SJG1		1 1	(A)		DEGREE	MEDICAL STA	FF	22c. DATE	SIGNED

230 BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial

DHMH - 16 60M 7/B4 Beall Funeral

Bowie, MD Home

236. DATE

JUNE

24,1987

46000 Annapolis Road 20715-3043

231 NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

Washington, DC Mt. Olivet Cemetery

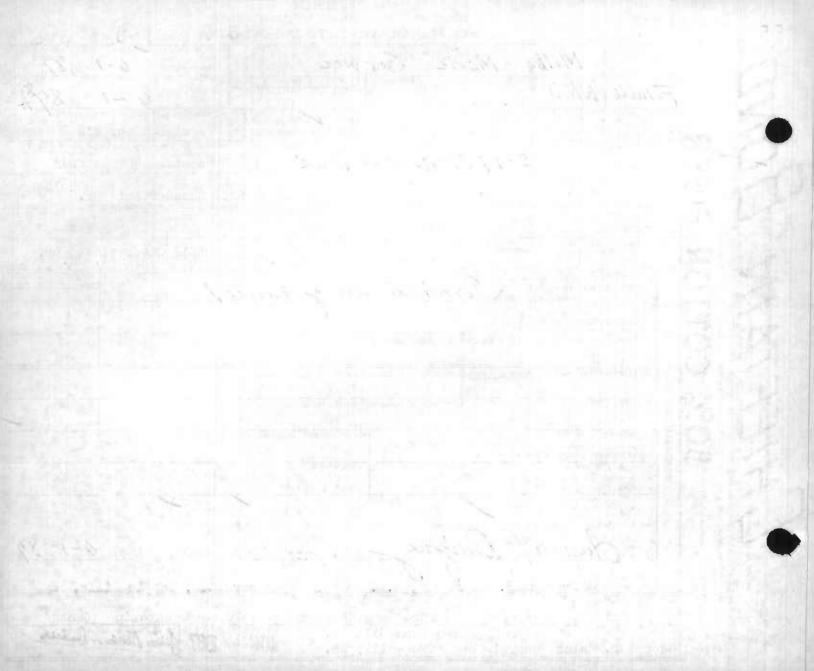
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REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

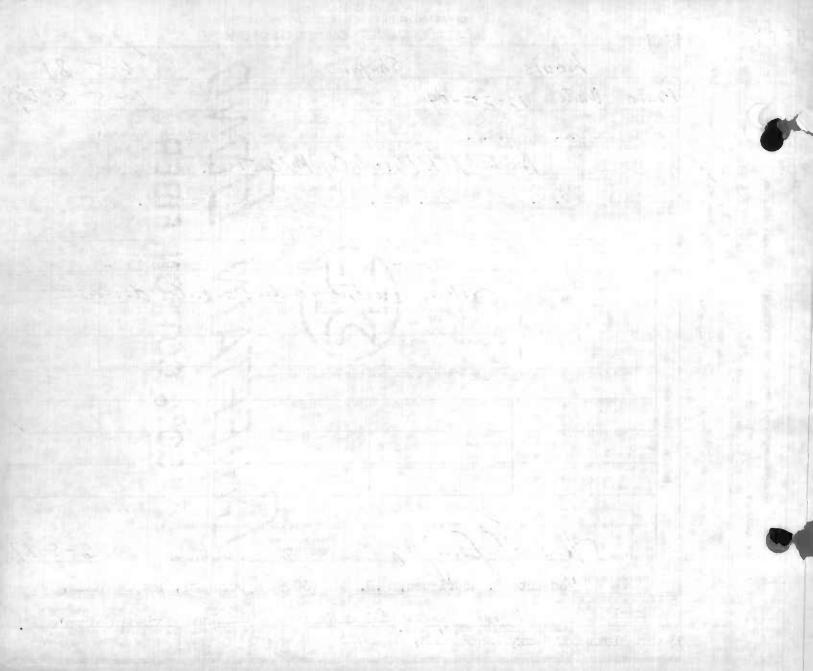
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August | Loctor's Hose, of E. C. County siyoff a manana maliyedi NO THE --- DIL-10-334 Parton & Contile Howas, MD 20(15) Burtal professor No. Olayer Descripty Smithington, DC

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE - REGISTRAR REG. NO. DECEASED NAME a DATE KNOWN TYPE OR PRINTE Melba ESTI-DEATH MATED IF UNDER 24 HRS 2c. DATE YEAR PRONOUNCED Jan. 22, 1917 DEAD 70 76. CITIZEN OF WHAT COUNTRY: 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRYL Prince George's Canada WIDOWED -DIVORCED _ Canada II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION O. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Housewife N/A Camp Springs USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 1136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Prince George's Camp Springs 5317 Chesterfield Dr. Marvland NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Rhea Robert Dubois Frederic 7 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Robert C. Service 5317 Chesterfield Dr. Robert C. Service 5317 Chesterfield Dr. 451-70-3381 No CAUSE OF DEATH (Enter only one cause per metor (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY DUF TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION USED, 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [MENT TO BU 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Notural causes Accident Suicide Hamicide L Undetermined manner TITLE (SPECIFY) M.Deputy EXAMINER'S NAME Rodriguez, M.D. _ADDR5009 Rayburn Ct AFT 3AL 730 BURIAL, CREMATION, REMOVAL 1236 DATE 23¢ NAME OF CEMETERY OR CREMATOR 6/6/87 Burial Notre Dame Cemetery Ottawa Ontario Canada 07/84 25M 24. FUNERAL DIRECTOR 6160 Oxon Hill Rd. 250. DATE REC'DABY REGISTRAR DHMH - 17 George P. Kalas Funeral Home Oxon Hill. Md. (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE " REGISTRAR REG. NO LOUG ASED NAME DATE KNOWN 76 HOUR (TYPE OR PRINT) OF ESTI-Shapiro LOUIS DEATH MATED DATE OF BIRTH 6 AGE (IN YEAR IF UNDER 24 HRS DATE LAST BIRTHDAYL PRONOUNCED 82 DEAD BIRTHIPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington D.C. U.S.A. WIDOWED [DIVORCED Prince George's ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS Camp Springs Truck Driver Bakery UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 30. STATE 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland NO □ 6520 Lacona St. P. G. Dist. Hats. YESX 20747 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Jacob Shapiro Molly Mendel son 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NOTOUNKNOWN) (IF YES, GIVE NAP ADATES) 577-26-2610 Ella Shapiro Same as 13 A-E 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY relevatio Cardio Vas deler dereser IMMEDIATE CAUSE (6) AN HEND DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? YES NO I 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM ETC 1 STREET WHILE AT WORK CITY OR TOWN COUNTY 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian death resulted fram: Natural couses Accident Suicide Hamicide ___ Undetermined manner TITLE (SPECIFY) DATE 6-5-87 Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct. Temple Hills, MD TYPE OR PRINT 23g BURIAL, CREMATION REMOVAL 736 DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 06/09/87 Cedar Hill Cemetery Suitland 07/84 Prince George's Md 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 25M 256 REGISTRAR'S SIGNATURE 250. DATE REC'D. DHMH-17 6633 Old Alexander Ferry Rd Clinton, Md 20735 James Warring To Road all (VR A15 ME (5))



FOR

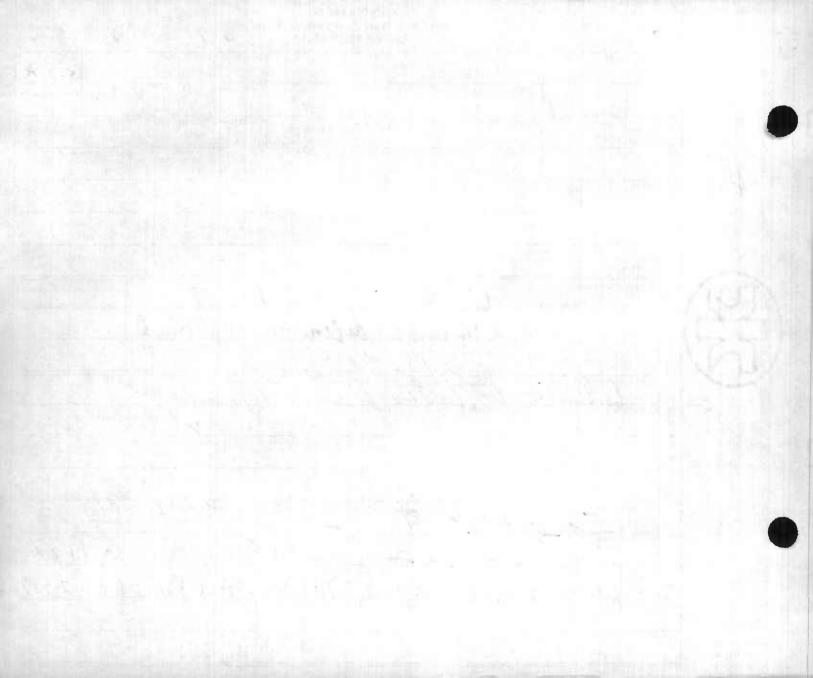
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	* 1 - TSTATE REGISTRAR	DEI ANI	CERTIFICATE OF DEATH	REG. NO.	8 5 8					
I	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR					
1	Edwar	cd William	Shaw	June 19,	1987 5:35 (M)					
1	3 SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONINS DATE HOURS MIN.					
1	Male	Black	March 12, 1901	86 YRS	MONTHS DATS HOURS MIN.					
ł	TO BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH					
ı	Jamaica	Jamaica	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince George's	s County MD.					
d	ID CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR					
)[Riverdale	(IF NOT IN SUCH FACILITY, GIVE STREET 6835 Riverdale		(TYPE OF WORK FOR MOST OF WORKING LI						
4		OR OTHER INSTITUTION GIVE RESIDENCE BEFOR		Farmer	Farming					
1	13a STATE 13b COI	UNTY Prince 13c. CITY OR TOW	VN 134 INSIDE CITY LIMITS?							
4		eorge's Riverdal		6835 Riverdale	Road, #C-2					
ı	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN I	MIDDLE	LAST					
1	Frederick	Shaw	Adelaid		Jackson					
1	160 WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS						
ı	No	261-79-1	.737 Winsome Cla	rke, Same as 13						
ľ	18 CAUSE OF DEATH (Enter	only one cause per limit for all, this for	rdie ().	£ +	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
ı	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (a)	2) lesanutus	amost						
	WW.CO.	DUE TO, OR AS A CONSEQU	Arias Oll	. A +	1					
ı	Conditions, if any, which	Conditions, if any, which								
ı	gove rise to immediate	gove rise to immediate								
1	underlying cause last.									
ı	PARTS OTHERSONIES AND	CONDITIONS CONTRACTOR	Of a the But and a feel a terry for the te	EMINAL DISEASE OR CONDITION GE	UKN RO BERT I.					
	THE DATE OF OPERATION 110 ACCIDENT WAS UNDERLYING	1 035hul	in Mulano	nau DEM	Paran III					
Ħ	■ IN DATE OF OPERATION	19E CONDITION FOR WHICH	OPERATION WAS PERFORMED	20 AUTOPSYT TO F YE	S. WERE FINDINGS USED FYING CAUSES OF DEATH?					
1	Ĭ.			/	ES NO					
1	210 ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)					
٩	OR CONTRIBUTING CAUSE OF D		AY YEAR							
I	(IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF COURRED	21e. PLACE OF INJURY	211 LOCATION							
ı	WHILE NOT WHILE AT WORK	LAT HOME STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE					
1		pital) attended the decegred from	Sestalus 2 10 8	6 Teno 19	27					
1			(2) N	an death accurate an the flate and has	19, that (I) (we) last					
1	abave, (1) (we) (dip) (did i	nor yew the bady after death.	DEGREE	an death decision and have	22 DATE SIGNED					
	III. SIGNATURE	1 //		MEDICAL STAFF	19-47					
4	The second second	MALINA		MEDICAL STAFF DIRECTOR PHYSICIAN	0 1101					
1	IAN'S NAME (16	FOR PHINITIPE	22e ADDRESS	2. 1 2. 25	1 1 - 1 - 1					
1	Dienon	Y. LIKOSSHA	moma. 5/115/20	LUS ALVE KILLERO	Lule md. 20737					
Í	230 BURIAL, CILLA ATION, REMOVA	AL 236 DATE 23c	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION	COUNTY STATE					
	Burial		oodlawn Cemetery		York					
1	24 FUNERAL DIRECTOR Rich	ard Rapp, Inc.	25a D	ATE REC'D. BY REGISTRAR 256 REGIS						
	P. O. Box 4335	2, Washington,	DC 20010	JUN 23 1987	1 William Later Same					

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



6160 Oxon Hill Rd

Oxon Hill, Md. JUN

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

George P. Kalas Funeral Home

DHMH - 16 60M 7/84

(VRA 15, 4)

All Jan Bar Sales WELLSON OF THE STREET OF THE STREET IN CHENTER CONTRACTOR while win a second of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND M		IENE 8	REG. NO	0.	8	1	46
GYPE	CEASED NAME FIRST PREST		DDLE		GLETON		20. DATE O	NE 1	німом	198 7	EAR	26. HOUR 1:20 ^A
3. SE	MALE	BLACK		S. DATE O	27, DA) 19	2 ⁸	6 AGE (IN)	EARS LAST BIR	THDAY)		DAYS .	HUNDER 24 HRS
	SOUTH CAROLI	NA US		OUNTRY? 8 MARRIED X NEVER MARRIED 9 BALTIMORE CITY OR COUNTY						Sex DEA	TH	M
	LANDOVER		OSPITAL, NURSING OXBURY			MO	120 USUAL UYPE OF WOR NOTYF			RMAN	STRY P	BUSINESS OF
	AL RESIDENCE (IF NURSING HOME OF		LANDOV	1	134 INSIDECIT	Y LIMITS?	13e STREET 7915	ADDRESS ROX	BUR	Y COL	JRT	2078
	THER'S NAME EDWARD	MIDDLE	SINGL	ETON	JO JO	MAIDEN NAM SEPHI		MIDDLE		HAMI	LTC	ON
	VAS DECEASED EVER IN U.S. AR	E WAR OR DATES	66. SOCIAL SECUR 249-36-		MHS.	ANNE	M. S	ADDRE		SAN V]	IE A	AS ITE
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA		ne for (a), (b), and ARDIOPU		ARY AR	REST				BET	WEEN O	MATE INTERVAL NSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.		as a conseque ETASTAT as a conseque		ROSTAT	IC CA	NCER					
NO	PART 2. OTHER SIGNIFICANT (CONDITIONS COM	NTRIBUTING TO D	EATH BUT	NOT RELATED T	O THE TERM	INAL DISEAS	E OR CON	DITION	SIVEN IN PA	RT Ito	
CERTIFICATION	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH (OPERATION	N WAS PERFOR	MED	200 AUTO	NO D	IN CER	TIFYING CA		
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	P.M	, MONTH DA	Y YEAR	21c. HOW INJI	JRY OCCURR	ED (ENTER NA	TURE OF INJUR	RA IN ILEW II	B PART I OR PA	RT 2)	
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O	F INJURY T. FACTORY, OFFICE, FA		211 LOCATION STREET	٧		CITY OR TO	wN	COUN	ITY	STATE
	22s.1 certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did no	May 20	19 8	7	y 20 d that in (my) (a	19 <u>87</u> our) opinion o	, to	June do on the do				hat (l) (we) los ouses stated

PARTICIAN'S NAME (TYPE OF PRINT) JOHN M. RICHARDS, M.D.

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

DEGREE

164 TENNESSEE AVE N.E. WASH, D.C.

230 BURIAL, CREMATION, REMOVAL 236 DATE 6-6-87 Burial

23t. NAME OF CEMETERY OR CREMATORY Washington National Cem.

23d LOCATION Suitland Md.

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82 (VRA 15, 4)

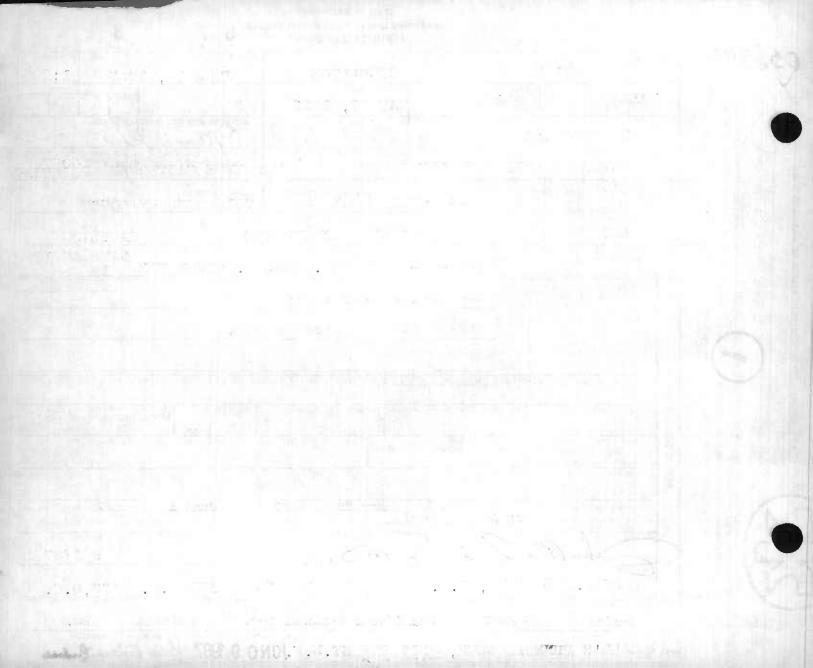
BP.

MARSHALL'S FUNERAL HOME, *4217 9TH ST.N.WJUNO 9

Julia Divideon Bulan

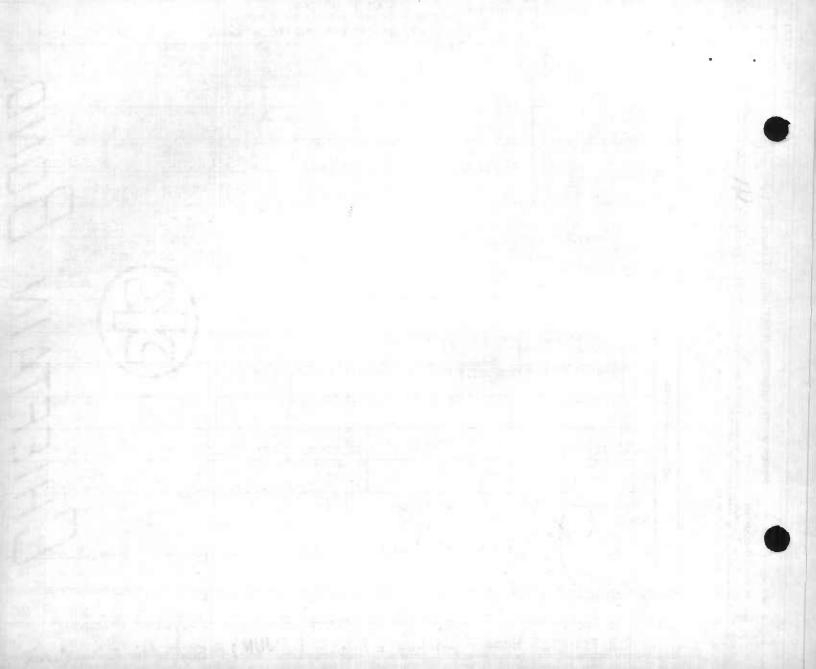
220 DATE SIGNED

6/1/87

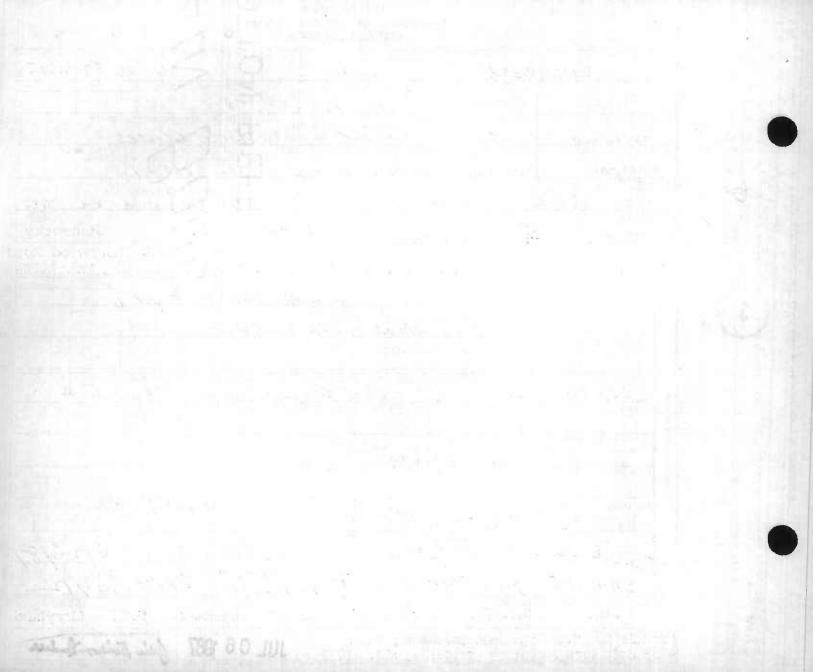


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN I. DECEASED NAME MONTH 2b HOUR TYPE OR PRINT OF ESTI-MICHAEL SKOGLAND 4. RACE IF UNDER 24 HRS DATE 2d HOHR PRONOUNCED Male Cauc 1-27-1972 15 10:05 6-13-87 19 76 CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Balt., Md. DIVORCED WIDOWED [Prince George's County O CITY OR TOWN OF DEATH Student School Prince George's Co. Hospital Cheverly 130. INSIDE CITY LIMITS? SR 2, BOX 693K2/20685 Calvert St. Leonard Maryland A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Michael Vicki Skogland, Sr. Thomas Stone Anne 17. INFORMANT **ADDRESS** (IF YES, GIVE WAR OR DATES! 215-13-5330 Vicki Skogland same as # 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO **CHNERAL DIRECTOR:** PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D BAFS, MORE, MOD, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (4) 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING OR passengert of an auto/head-on collision with CONTRIBUTING CAUSE OF DEAT a Greyhound Bus 21e PLACE OF INJURY TATHOME. AT WORK NOT WHILE LT. FACTORY, FARM, ETC. York_Ave_Northbd 1/2 Washington, D.C. death resulted from Homicide Undetermined monner TITLE (SPECIFY) ACTUAL 6-14-87 Mn Chief SIGNATURE EXAMINER'S NAMI 111 Penn Street ohn E. Smialek, M.D. 23d. LOCATION Charles Memorial Leonardtown Burial 6-17-87 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Waldorf, Md. 20601 JUN (VR A15 ME (5))

STATE OF MARYLAND



14 6 2 3		FOR				MARYLAND				
		STATE REGISTRAR		DEPAKIM		TH AND MENTAL HY ATE OF DEATH	GIENE 8	REG. NO.	18	1 4 2
		CEASED NAME FIRST	MIDDLE		LAST		20. DATE OF		TH DAY YE	EAR 26 HOUR
death death	(ITPE	ELIZA	ABETH I	-	Sm	ALL	100	6	26 8	7 4:00 PM
D 0	3. SE		4. RACE		5. DATE OF BI		6. AGE INY	EARS LAST BIRTHDAY		
urs aft	100	Female	Caucasian)	MONTH 10	22 OS	78	C	YRS.	DAYS MOURS MIN.
2 Po		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT	COUNTRY?	MARRIED [NEVER MARRIED	9 BALTIMO	RE CITY OR CO	DUNTY OF DEAT	Н
		MARYLAND	USA		WIDOWED	/	PRING	ce Gc	SRGES	MD.
The state of the s	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPI	TAL, NURSING	G HOME OR O	THER INSTITUTION	120 USUAL	CEUPATION FOR MOST OF WO		IND OF BUSINESS OR
filed a		Adelphi	HILLHAVE	1		center		GRAP) I K /
Se of	130. S	AL RESIDENCE (IF NURSING HOME STATE 13b. CO		ITY OR TOWN		INSIDE CITY LIMITS?		ADDRESS / ZIF		
意意		md. P.	G. Hu	IAITSVI		S NO		Thurn		Rd . 20784
2 st	14. FA	ATHER'S NAME	WIDDIE	LAST	15.	MOTHER'S MAIDEN N	AME			
de la		Charles		eighen	ne	Augu	sta	A .		Stanowsky
d co		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 S	OCTAL SECUR	RITY NO. 17	INFORMANT (Dat	ahter)	ADDRE 37	20 Thor	nwood Road
neg neg	No	tes, rai for diakido aria) (ir res, i		3-32-49						Md. 20784
the the		18 CAUSE OF DEATH (Enter							A A	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
4 1 g to		PART I. DEATH WAS CAU	SED BY:	-		manine.	AND 0,51	5/50	0.45	MEEN CHISE! AND DEATH
90 E		IMMEDI	ATE CAUSE (0)			monary	night	(EX		
19:1		Conditions it as 11.1	DUE TO, OR AS A	CONSEQUE	NCEOF	acup DIS	EN OF	2		
and tro	- 11	Conditions, if ony, which gove rise to immediate	(b)	1-1.1510	~DPTIC	ALMER DIO	CATTIC			
Serie		cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUE	NCE OF					
riol,		PART 2 OTHER SIGNIFICAN	(c)	NUTULO TO D	5 - 111 BUT NO					
hen to bu	Z	(OV as / W/s = 1	LEAST NICE	EN CO	~	F-6- 11		OR CONDILIC		
ior T	ATIC	190 DATE OF OPERATION	TIEME CONDITION	FOR WHICH		SIPTIC Hyp	200 AUTO	DSV2 110	En En	
Ne p	CERTIFICATION			on whiletre	01 21111011 11	ASTERIORNED V		IN	CERTIFYING CA	USES OF DEATH?
shoy	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJU	IDV	121	. HOW INJURY OCCU	YES	NOB	YES	NO 🗌
18 9 18		OR CONTRIBUTING CAUSE OF E	U		Y YEAR	C. TIO TO HOTOKI OCCC	KKED (ENIERNA	TURE OF INJURY IN I	IEM 18 PART I ORPA	41 2)
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he b	MEDICAL	21d INJURY OCCURRED	210 PLACE OF INJ			LOCATION		CITY OR TOWN	COUN	TY STATE
as t ith a iorke		AT WORK AT WORK						1 1	1	
T eo e		22a.1 certify that (I) (this has		osed from	JA S	. 19	2, to(2/26	1907	that (I) (we) last
d for of n 21		saw the deceased alive above, (I) (we) (did) (did	not) view the body after o	leath19_ <u>A</u>		at in (my) (our) opinio	n death occurre	d on the date o	nd hour and from	n the couses stated
DIRE Ochec Dept		77h SIGNATURE	(/1/	1	DEG				220 [DATE SIGNED
Al leto		Jamo	is the	00		ATTENDING PHYSICIAN	DIRECTOR	STAFF PHYSICIAN		126/87
FUNERAL old be deto to the State ORTANT: I		ZNUFFFYSICIAN'S NAME (IIII	CHIMBILL A / / £	1	220	ADDRESS 6 1	VH. A	UE	m	8
should be d		SAMUEL	ALCE	YNE			om A	PAR	CK. 20	912
#3 ₹	23a E	SURIAL, CREMATION, REMOVA				TERY OR CREMATORY	23d. LOCA	TION		
	(SPECIFY) Burial	06/29/87	Fort	Lincol	n Cemeter	y Brer	twood	P.G.	Maryland
- 16 60M 7/84	24	ancis Gasch's	Sons Funer:	al Home	0 P A	250 D/	ATE REC'D. BY R	GISTRAR 25h	REGISTRAR'S SIC	SNATURE
VRA 15, 4)	47	89 Baltimore A	venue Hyatt	SVILLE	Md 2	0781	L 061	987 /	ulia Divide	m. Rudallo



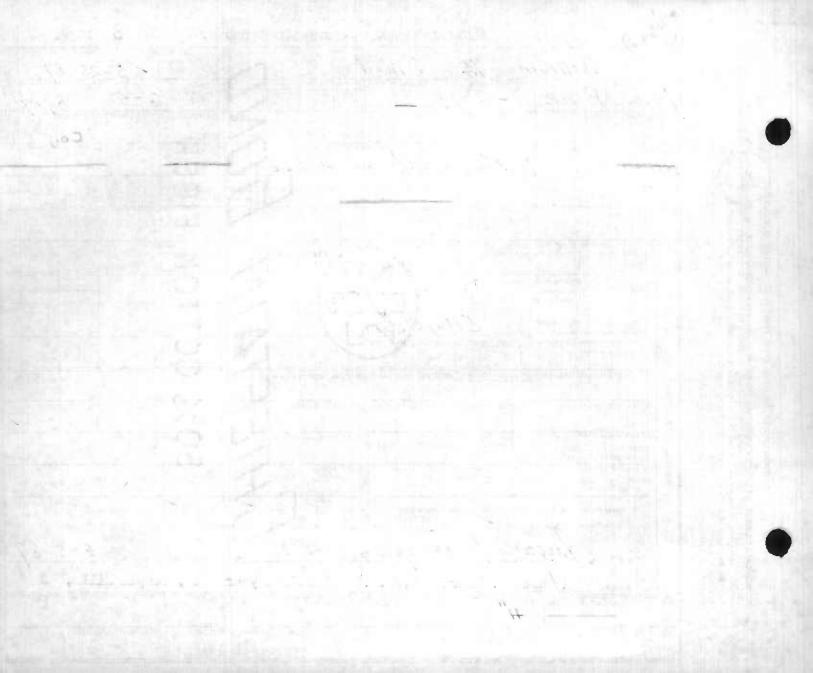
		-				STATE	OF MARYLAND			
		1	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	8 1 -	1 0
058	3380		DECEASED NAME FIRST (TYPE OR PRINT)	NRY.	MIDDLE W.	5	MITH	20 DATE OF DEATH MONTH	29 87 C	SIDEM
	r, po	3	SEX	4 RAZE		5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOL	URS MIN.
4	oge 4		Male	Caucasi		June	3, 1893 ***	94 YRS.		
	deoth. Po	8	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) South Dakota	U.S.A.		WIDOWE			or Bos	CO MD.
103	by the fulled with	6	CLINTON	So in suc	MANA !!	ADDRESS)	HOSPITAL	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE Farmer	12b. KIND OF BU INDUSTRY Farming	SINESS OR
AND 212	filled in rould be	W	JSUAL RESIDENCE (IF NURSING HOM 30. STATE 136 CC South Dakota Per	YINUC	Rapid Ci	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE RR 3 Box 498	57701	99
MARYL	ed within	4	Henry Henry	Wilhelm	Smith		IS. MOTHER'S MAIDEN NA Ada FIRST	WIDDIE	Wadsw	orth
IMORE,	n ond co	3	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) YES (HEYES	ARMED FORCES?	503-16-1		Richard Smit	h 6210 Joyce Dr.	Camp Spr	48 ings Md
ST., BALL	a physical property of propert		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	anly one cause per USED BY DIATE CAUSE (o)	r line for (a), (b), an	dicul =1 =5 /		mnes 5	APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
ESTON	don't or		Canditions, if any, which	((b)	R AS A CONSEQUE	ENCE OF	ASHD		10%	7
W. PR	1 111	/	gave rise to immediate cause (a), stating the underlying cause last		R AS A CONSEQUE	ENCE OF				
IDS, 20	quitte 1 Then pled to burio njury, or			NT CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDITION GIV	EN IN PART 110	
I RECOI	to be	7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	1.	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIF	S, WERE FINDINGS FYING CAUSES OF I	USED DEATH?
OF VITA	CIAN T physician milicate oliversistem wal hygiem m 18 sh	-6	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	OF INJURY .M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
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ā	TENDIN pital or TOR, At for use o of Realth		220.1 certify that (I) (this has sow the deceased alive	on 6/2	19_	F7 , or	d that in (my) (aur) opinion	deoth accurred on the date and hou		(I) (we) last
	AL OR A the hour AL DIREC etached the Dept.		abave, (I) (we) (did) (did 22b. SIGNATURE	La Col			DEGREE ATTENDING PHYSICIAN (MEDICAL STAFF	22c. DATE SIG	NED (P)
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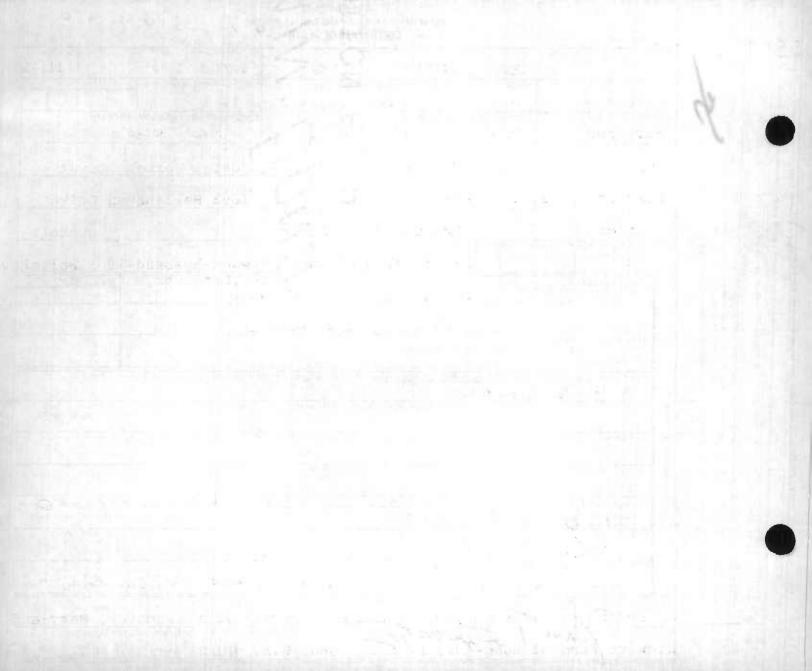
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-Timothy John Smith 6-9-1087 DEATH MATED 4 RACE 3 SEX IF UNDER I YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 0:09 Caucasian Mar. 6, 1961 1.87 26 DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED New York U.S.A. DIVORCED Prince Cecroe's County IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Cheverly Prince George s General Hospital Assistant Manager Restaurant USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3e STATE 1136 COUNTY 13d INSIDE CITY LIMITS? 113e STREET ADDRESS Maryland Laure1 Lot 19 Center St Pr. Georges NO K 20707 A FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Smith John Norma Storie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANI (father-in-law) RESS 166 SOCIAL SECURITY NO 25 Windsor Rd. Massena, NY 13662 052-60-7400 Vincent Kirsch 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Compression Asphyxia IMMEDIATE CAUSE (o)_ DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WEXECUTE THE CERTIFICATE, WRITING THE WOOD "FENDING" IN PEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMIN TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL THE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENT BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OF cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES -NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 UNDERLYING AND Driver in auto/auto collisions CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARMLETC) Pt. I at Pine Hill RC., Laurel, Prince Georges WHILE AT WORK CO., MD 220. I certify that I took charge of the remains described above, held an Autopsy X and in my apinion Accident X death resulted from Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 6-10-87 M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. ADDRESS111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION STATE Burial L4 June 87 07/84 BP Pine Grove Cemetery Massena, New York 24. FUNERAL DIRECTOR REGISTAR-756 REGISTRAR SCIONATURE **DHMH - 17** Capitol Funeral Service, Falls Church, VA (VR A15 ME (5))

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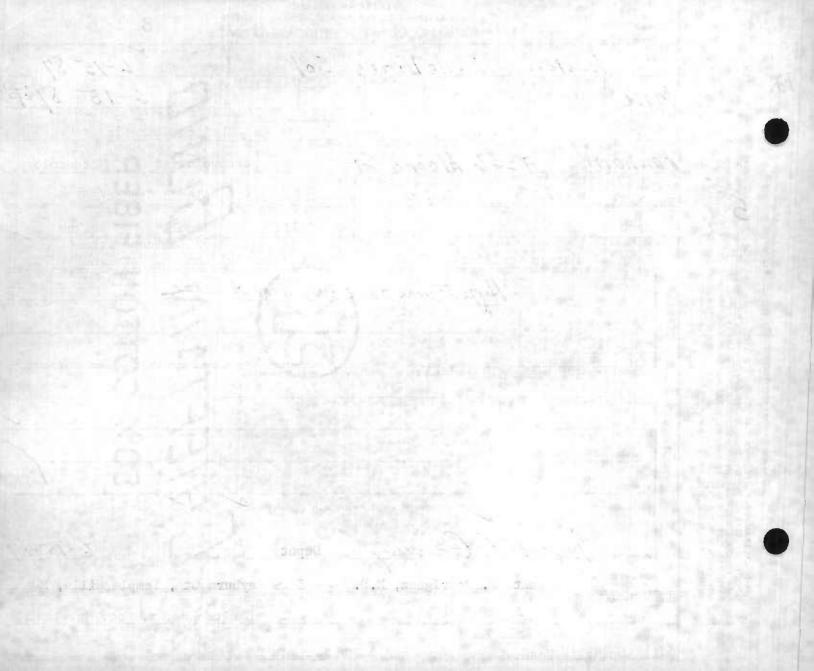
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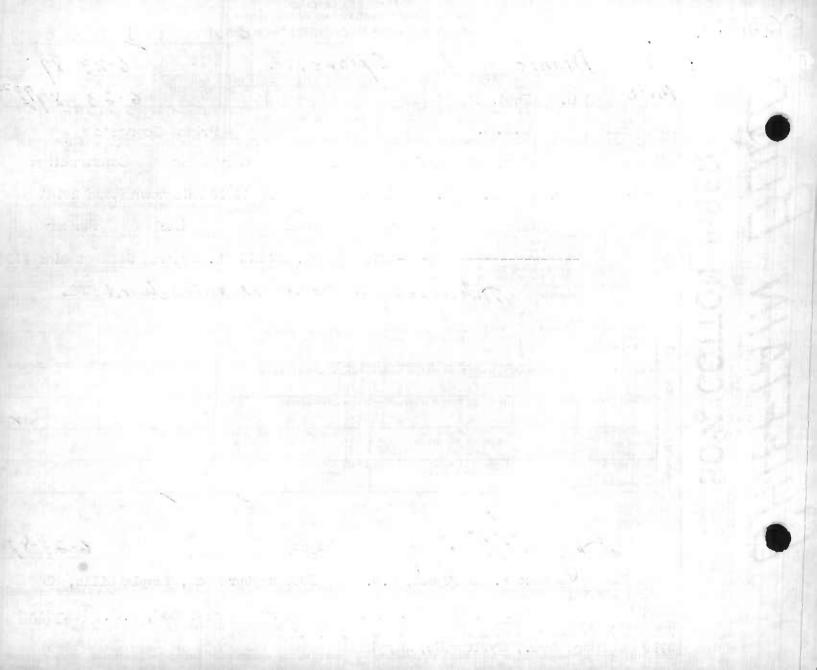
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L.DECEASED NAME TO DATE OF DEATH MONTH 7b. HOUR JUNE 3, 1987 11:45A ERESLENE ELIZABETH SNOWDEN 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HRS 1 SEX Feb. 15, 1943 Female Black BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Prince George's Maryland USA WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Lanham Doctors Hosital of Pr. Geo. Co. Postal Worker Gov't USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? P.G. Bellehaven Maryland 1603 Bellehaven Dran 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Elsie Charles Brandford Duckett 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IVES NO OR LINKNOWNI 217 40 8750 Alfonso Snowden-husband-1603 Bellehav Drive Landover Mary Wall of the Interval 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 19 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOI WHILE 220.1 certify that (1) This haspital) attended the deceased from sow the deceased alive on 6-3 obove. (1) (we) (find (did not) view the body after death and that in (ny) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING O FUNERAL D DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME LIVE OF PRINT 0 230. BURIAL CREMATION JEMOVAL 23c. NAME OF CEMETERY OR CREMATORY Buria June 19,1987 / Harmony Memorial Park Landover, Maryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Stewart Benning Road, N.E. (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DEGEASED NAME 20. DATE KNOWN TE MONTH OF ESTI-4. RACE IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 53 YRS White Sept 21, 1933 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED New York U.S.A. Prince George's WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS Meteorologist Meteorology Pr. Geo 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13a STATE Lanham 9226 Alcona Street/20706 15 MOTHER'S MAIDEN NAME Sol Sol Willie Benebides Isaac Walker Jewell 17 INFORMANT 9226 Altona Street 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. HE YES, GIVE WAR OR DATES Dorothy Ann Sol/Lanham, Maryland Yes Korean Conflict#00-31-9085 18 CAUSE OF DEATH (Enter only one couse of him for 1914 (b), and (c).) Lenous Cardio Vasulas disease BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUS DUE NO OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI THE **CHINERAL DIRECTOR**: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BUTH 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING DOR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY FARM FTC 1 STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 220 I certify that I taak charge of the remains described above, held on Autopsy Inspection Natural couses death resulted fram: Accident Homicide Undetermined manner TITLE (SPECIFY) Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M.D. ADDRESS 5009 Rayburn Ct (TYPE OR PRINT) Temple Hills, MD 230 BURIAL, CREMATION, REMOVAL 236 DATE 236 LOCATION 23¢ NAME OF CEMETERY OR CREMATORY Md. Veterans Cemetery Chellennam, II. Geo., Hal Cheltenham, Pr. Geo., Maryland Buria1 07/84 25M 24 FUNERAL DIRECTOR Rendon-Hale Lanham Funeral Home **DHMH - 17** Lia Devideon Lann (VR A15 ME (5)) 9013 Annapolis Road, Lanham, Maryland 20706



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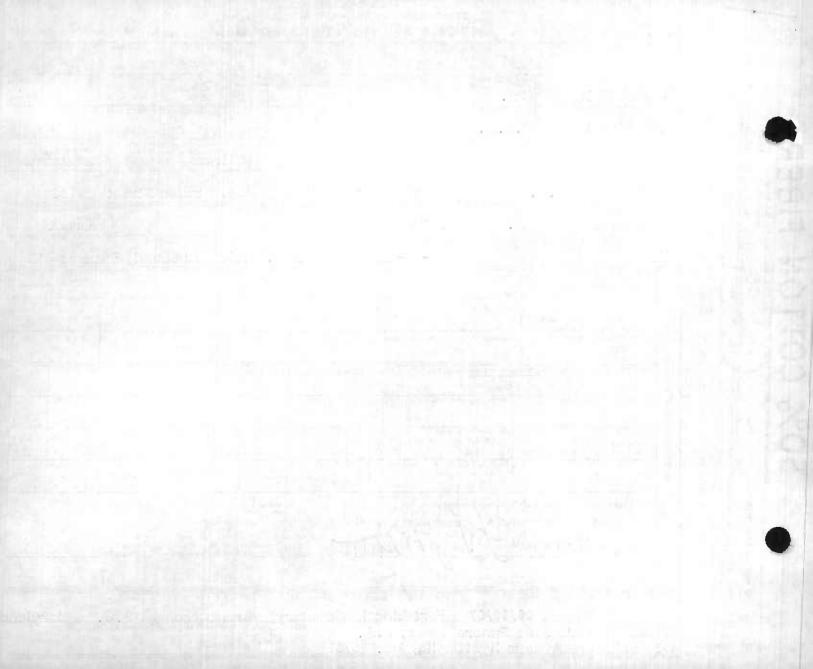
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR I DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-Dangi DEATH MATED 6 AGE (IN YEAR IF UNDER 24 HRS DATE YFAR LAST BIRTHDAY PRONOUNCED 1928 DEAD MAY TE BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY! PENNSYLVANIA PRINCE GEORGES U.S.A. DIVORCED CO. WIDOWED IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS FOR MOST OF WORKING LIFE) OR INDUSTRY LANHAM DOCTORS HOSPT. MANAGER BELL CLEANERS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE 13b. COUNTY 134 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 20770 P.G.C SOUTHWAY RD. Md. CREDENBER I NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST WATLLTAM SPOONER TDA RAYNOR 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS LYES, NO. OR UNKNOWNS (IF YES, GIVE WAR OR DATES) 203-18-3300 VIOLA SPOONER (SAME M. TUEM 18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b) BETWEEN ONSET AND DEATH we androvasanta PART I DEATH WAS CAUSED BY IMMEDIATE CALISE (a) A CONSEQUENCE OF DUE TO Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [71a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE SIT, BALLIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion deoth resulted from: A Notural couses Accident Hamicide ___ Undetermined manner SIGNATURE 5009 Rayburn Ct , Temple Hills, MD EXAMINER'S NAME V Augusto P. Rodriguez, M.D. TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) 6-19-1987 BURIAL FT. LINCOLN CEMETERY BRENTWOOD. P.G.C. Md. 07/84 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) RIVERDALE, Md. 20737 W. W. CHAMBERS CO.

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENEM 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO P. DECEASED NAME 2n DATE OF DEATH 2b HOUR LIVEE OR PRINTS 87 30PM STEWART 10 06 BENJAMIN W. 4 RACE 5 DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY) IF LINIDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH MALE WH TITE MAY 1909 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED PRINCE GEORGES COUNTY MASS. WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR LIYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY GEORGES HOSPITAL CENTER CHEVERLY GIANT FOOD STOR RET - BAKER BISUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13g. STATE 136. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 3343 BUCHANAN ST. Md. P.G.C. MT. RATNIER NOF 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST MIDDLE LAST FIRST UNKNOWN UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Md. IVES NO OR UNKNOWNE (IF YES, GIVE WAR OR DATES! 2812 VICEROY AVE. DISTRICT Ha YES WWII 577-16-007 CARL W. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOK YES [NO F 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) DIVISION OF VIT 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY III LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET FACTORY, OFFICE FARM ETC.) STREET NOT WHILE 76 220.1 certify that (1) (this bespital) attended the deceased from saw the deceased alive an 6/7% obove, (1) (we) (and ladded) view the body after death. and that in [my] (our apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CREMATION ITY OR TOWN 7-1-1987 RIVERDALE. CHAMBERS CREMATORY 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 W. W. CHAMBERS CO. RIVERDALE, Md. 2073 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-Stultz 6/ 14/10 87 Kimberly Diann 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Oct. 10, 1957 Female White 29 19 87 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Pennsylvania U.S.A. DIVORCED Prince George's County, IL CITY OR TOWN OF DEATH Waitress Restaurant Prince George's General Hospital Cheverly 134. INSIDE (11Y LIMITS? | 13e STREET ADDRESS 4307 Newton Street Colmar Manor Maryland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Stitt Robert Brant Joann 17. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** 219-72-2936 Dennis F. Stultz (Husband) Same as #13 No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Blunt Trauma to Chest DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Arteriosclerotic Cardiovascular Disease E 3 SHOULD BE USED A DEPARTMENT OF HEA 11 PRIOR TO BURIAL, C 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES & NO [71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR 11:23RM 6/13/ passenger of auto/fixed object impact CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) AT WORK AT WORK roadway Beach & Stamp Rds., Temple Hills, Pr. Geo., Mc Autopsy X 22a I certify that Took charge of the remains discribed above, held on Inspection Inquiry Undetermined manner 6/15/87 D Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 234 NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery Brentwoo COUNTY 06/18/87 Burial Brentwood P.G. 07/84 Maryland 25M 256 REGISTRAR'S SIGNATURE Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** me planting. Landace (VR A15 ME (5)) 4739 Baltimore Avenue Hyattsville, Md. 20781

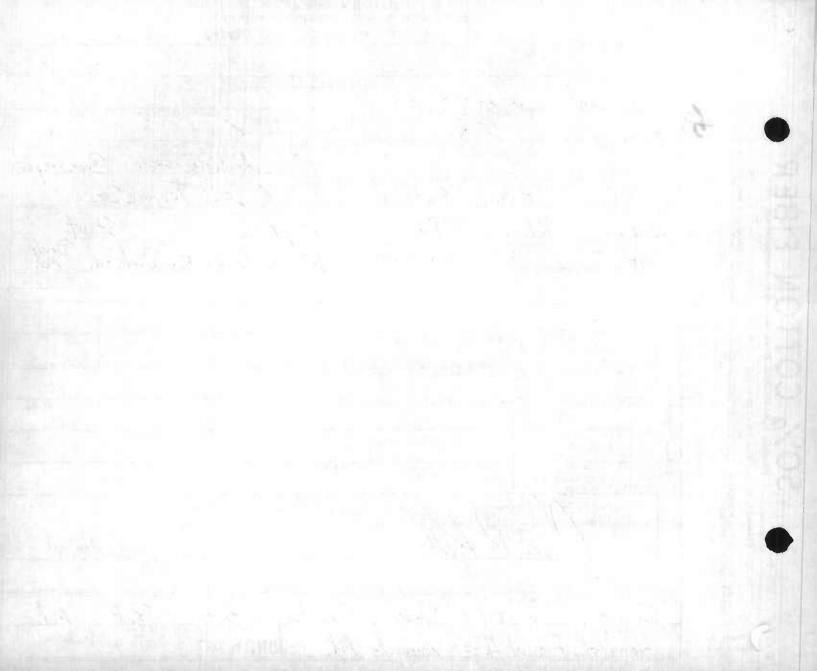


505 University Blvd. W Silver Spring. MD 20901

(VRA 15, 4)

P 2008 June 12, 1987 9:46 P E. HARDE SHIP

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN 7b. HOUR LIYPE OR PRINTI OF ESTI-L DIRECTOR. YOUR FILES. 172 HOURS ON STREET, 87 Gail DEATH MATED 6/ 19/19 Swanson 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 9:40 DATE 5 FOR YOUR F LAST BIRTHDAY PRONOUNCED 20/10 87 DEAD 6 a M 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) irainia WIDOWED DIVORCED Prince George CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Suitland 3520 Terrace Drive USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a STATE 13d: INSIDE CITY LIMITS? 14. FATHER'S NAME DIVISION OR UT MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO PRUNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Ruptured Berry Aneurysm IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 is 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE USED STAFER, PATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES S NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY CATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY STATE 22a I certify that I took the remains described aboy held on Autopsy Inspection Inquiry and in my apinion death resulted from Hamicide Undetermined monner TITLE (SPECIFY) **ACTUAL** DATE 6/21/87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St. TYPE OR PRINT **ADDRESS** 230 BURIAL CREMATION REMOVAL 236 DATE ematory 07/B4 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERALDIRECTOR **DHMH - 17** dia Dividion. (VR A15 ME (5))



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		CEASED NAME	FIRST	MIDI	DLE	L/	\$1	20 DATE	OF DEATH MONT	H DAY YEA	R 26 HOUR
	(,,,,,	ON PRINTY	EARL	LERO	Y	SWEEN	EY	June	9, 1987		9:40a м
	3 SEX			4 RACE		5. DATE O		6. AGE (I	N YEARS LAST BIRTHDAY)	MONTHS DA	
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9		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY?	B.	NEVER MARRIED	9 BALTIA	ORE CITY OR CO		
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3		Lanham		AMI Doct	ors Hos	sp. of	Pr. Geo. C		sman - R		ndrv
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5		ryland		George			13d. INSIDE CITY LIMITS YES NO	9348	T ADDRESS / ZIP	Hill Rd.	#722 ²⁰⁷⁴⁰
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5	CERTIFICATION	190 DATE OF OPE	RATION	196. CONDITIO	ON FOR WHICH	OPERATION	WAS PERFORMED	200 AL		IF YES, WERE FIN	
<	TIF							YES [YES	NO [
2		21a. ACCIDENT WAS		216. TIME OF II	MONTH D	AY YEAR	21c HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN IT	EM 18 PART 1 OR PART	2)
7	CAL	(IF EITHER NOTIFY A	_	AIN		19					
	MEDICAL	21d INJURY OCC	URRED	21e PLACE OF	INJURY FACTORY, OFFICE, F	ARM FIC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	2	AT WORK AT	WHILE				72		17.		
		220 I certify that	(I) (this hosp	tel) offended the o	deceased from	2	19_19_	17,10_	Juna	7,190	, that (I) (ve) last
		saw the dece	eased alive ar	at) view the bady aft	ter death.	on	d that in (my) town opin	ian death accu	rred an the date or	nd hour and from	the causes stated
		226. SIGNATURE	MINIA	- 1 111	AAL		EGREE ATTEND	a went	CTARR	22c D.	ATE SIGNED
	131	10	MUNI	n ayou	200	~	PHYSICIA	DIRECTO	STAFF OR PHYSICIAN		6/9/87
/		22d. PHYSICIAN'S	NAME (TYPE	OR PRINT)	to C	2	22e ADDRESS	2.	on A	Can	Lattain
		JAN .	CIN -	- wel	114	109	> YOUM	ray (N W	Jun	vect m)
	4	BURIAL, CREMATIC	N, REMOVAL				METERY OR CREMATO	RY 23d LO	cation	D C COUNTY	STAIL
	12	Burial		6/12/87	ICe	dar Hi	11 Cemetery	Su:	itiand	P.G. COUNTY M.	laryland

DHMH - 16 60M 7/84 (VRA 15.4)

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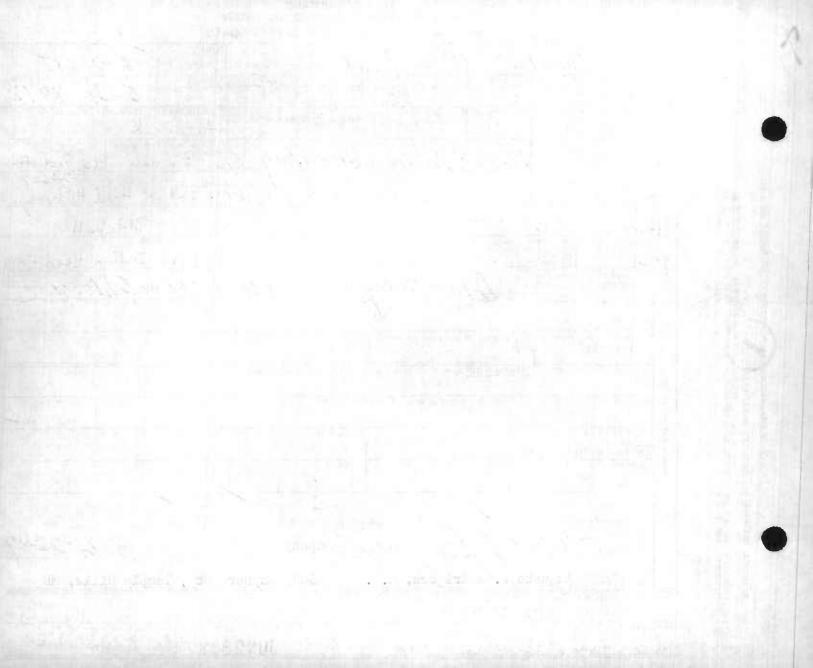
IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remave carban pape with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remaval

George P. Kalas Funeral Home

ADDRESS OXON HILL Rd 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE OXON HILL, Md. JUN 11 1987 Julia Dandon Rudees

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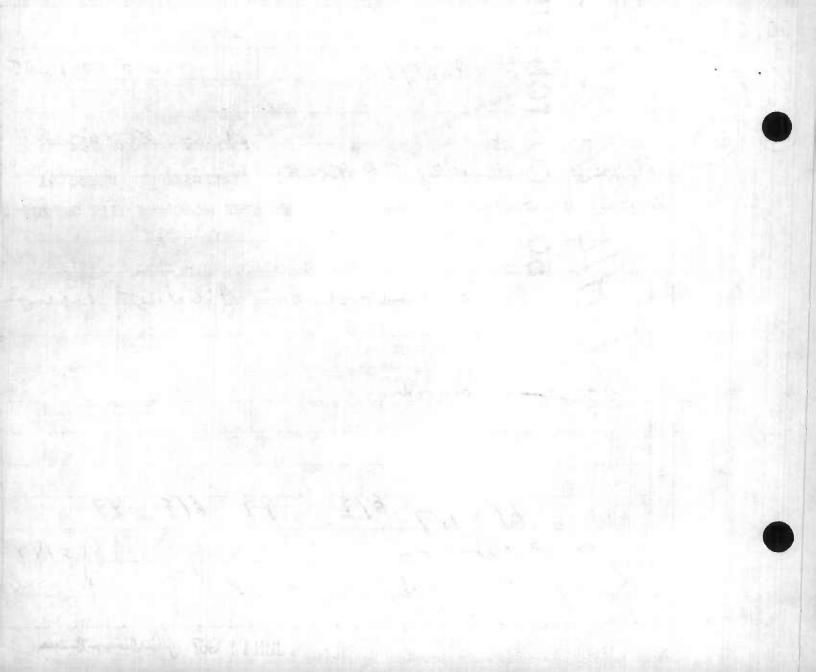
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20. DATE KNOWN 2b. HOUR TYPE OR PRINTS ESTI-Delores 198 DEATH MATED 5 DATE OF BIRTH 6 AGE (IN YEAR IF LINDER 1 YR 2d HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED -9-34 Black DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? NEVER MARRIED FOREIGN COUNTRY) Prince George Cty. DIVORCED WIDOWED HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS HE NOT IN SUCHE Budget Analyst Govt. STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS PG Capital Hts YES NO 1812 Nova Avenue Md FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE SIRST Wilson Blanche Brown James 7 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST Taylor, Sr/Wheaton, N/A 578480438 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY en comme IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE Q Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 211. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 228. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinion PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR. AFTER DEATH, WITH THE BAILTMORE, MARYLAND death resulted from: Notural causes Accident Suicide Homicide L Undetermined monner TILE (SPECIEY MEDICAL EXAMINER (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY D.C Washington Mt. Olivet BP 07/84 J.B. Jenkins /7474 Landover Rd/Landover By 25M **DHMH - 17** (VR A15 ME (5))

Black 11-9-34 52

Wash., D.C. U.S.A.

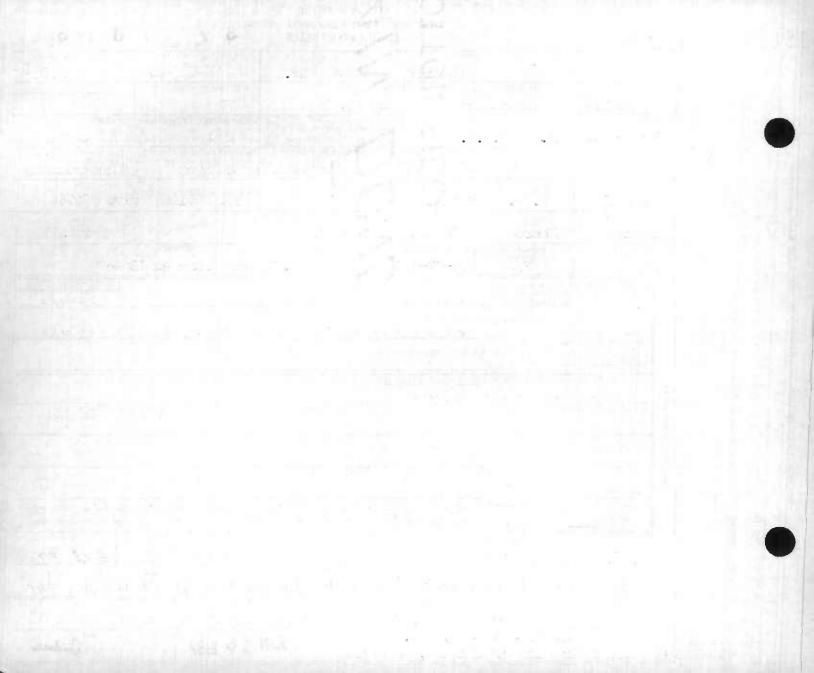
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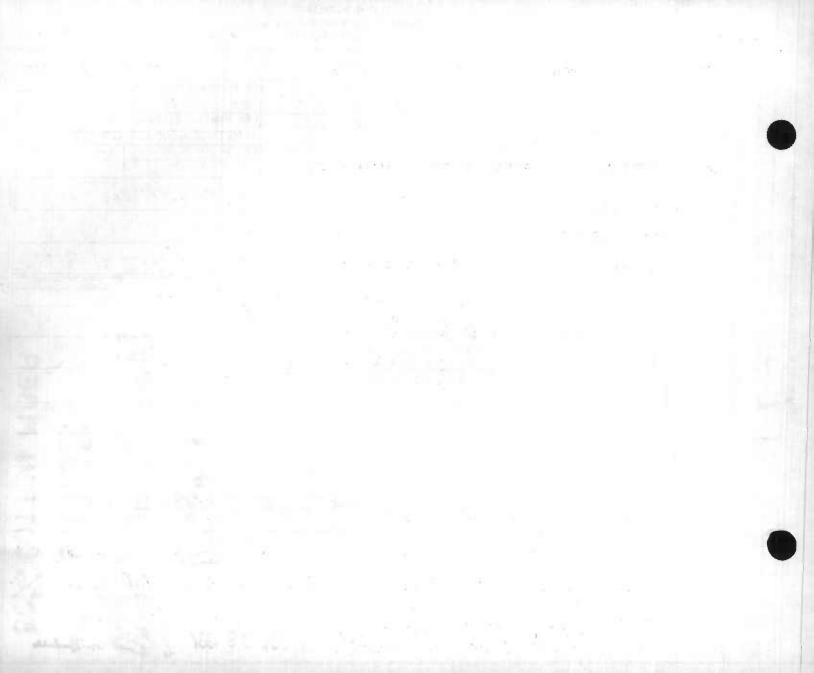
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(GRA 18. 4)	Ar	mbrose, Inc.	1328 Sulph	ur Sprin	g Rd. 21227	100	02 1987	(1)	Olan	dell

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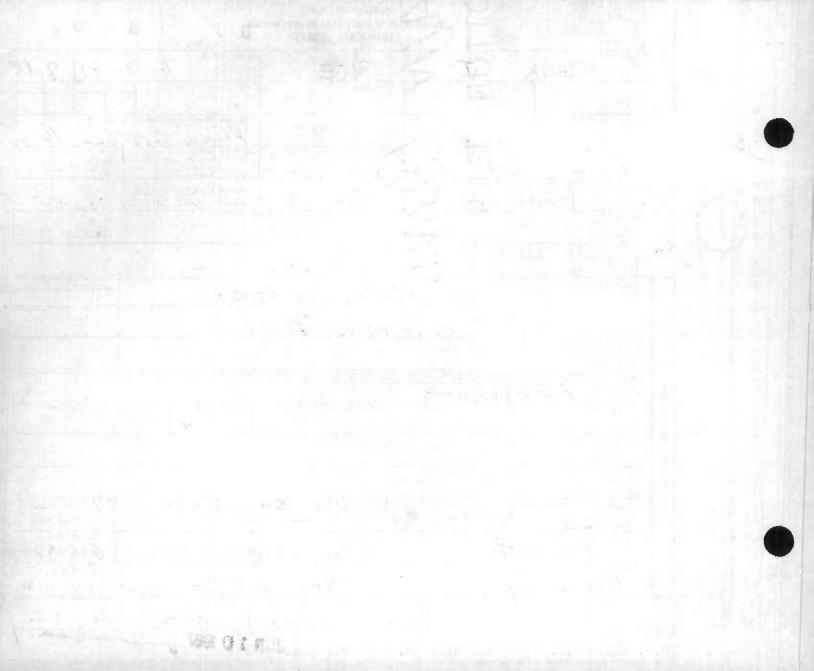
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		INERAL DIRECTOR			ADDRESS				REC'D BY	E TRAR	25b. REG IS	STRAR'S SIGN	ELIBER -	Me .
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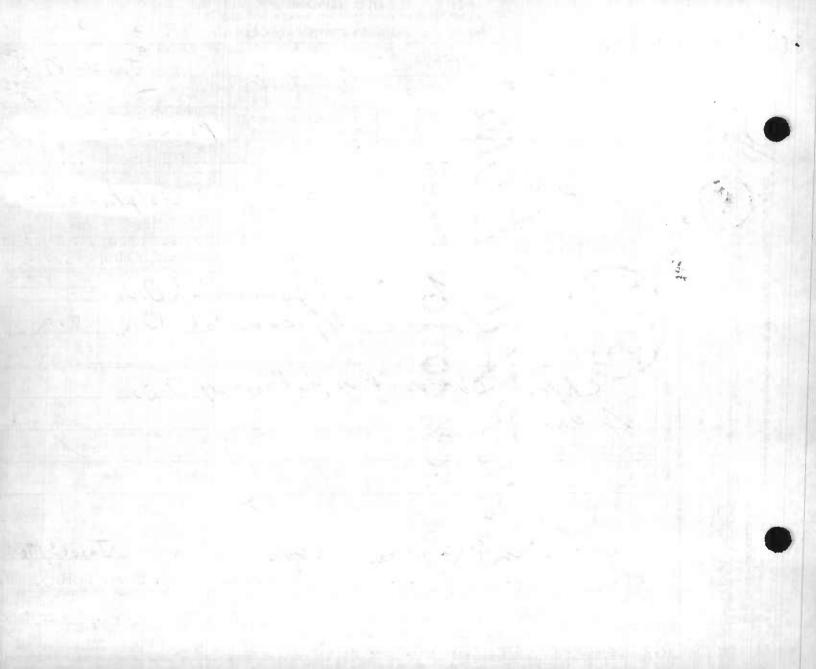
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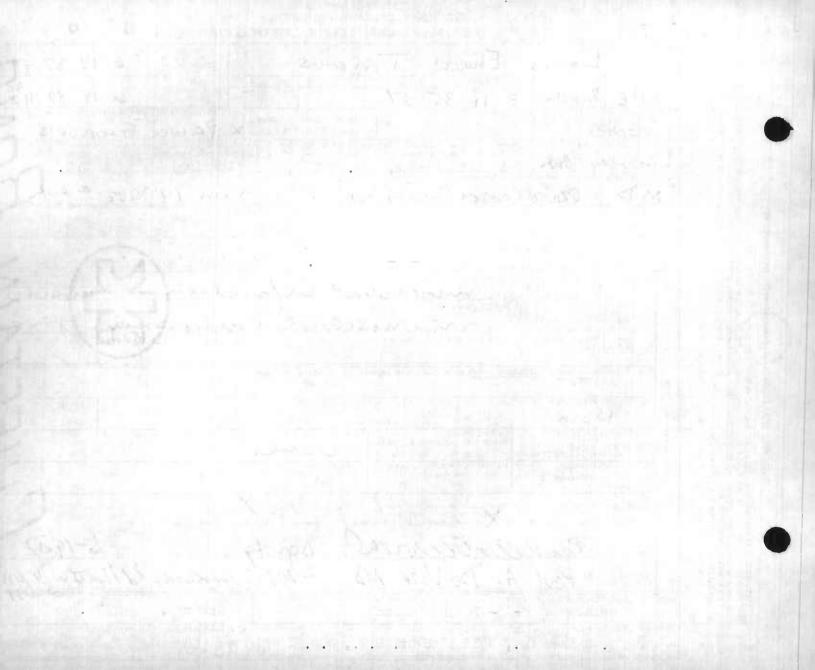


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN OF ESTI-John Trebilcock Larson 6 AGE (IN YEARS) IF UNDER 1 YR. LIF UNDER 24 HRS DATE Male White 76 CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Michigan Prince George's County U.S.A. 8. CITY OR TOWN OF DEATH 120 USUAL UCCUPATION TYPE OF WORK 12h KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Mechanical Engineer U.S. Post Doctor's Hospital Lanham UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Office 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS. 135 COUNTY Lanham 7012 Dolphin Road Maryland 20706 Larson William Trebilcock Christine Emma 17 INFORMANT (Daughter) 1322s North Ft. Myer Dr 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Margaret F. Trebilcock Arlington, Va. 256-05-2111 APPROXIMATE 22 209 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-28 AUTOPSY? YES 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART ? HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 216 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM ETC I CITY OR TOWN EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: P. AFIR, CEATH, WITH THE ST. BALIFINORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held on Natural causes death resulted Iram: TITLE (SPECIFY) DATE SIGNO WAR 13,1781 John S. Rogers, M.D. 1919 Seminary Rd. Silver Spring, Md. 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATOR Burial 06/17/87 Ft. Lincoln Cemetery **Brentwood** P.G. Maryland 07/84 Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** Lia Derdon-Randalla 4739 Baltimore Avenue Hyattsville, Md. 20781 (VR A15 ME (5))

STATE OF MARYLAND



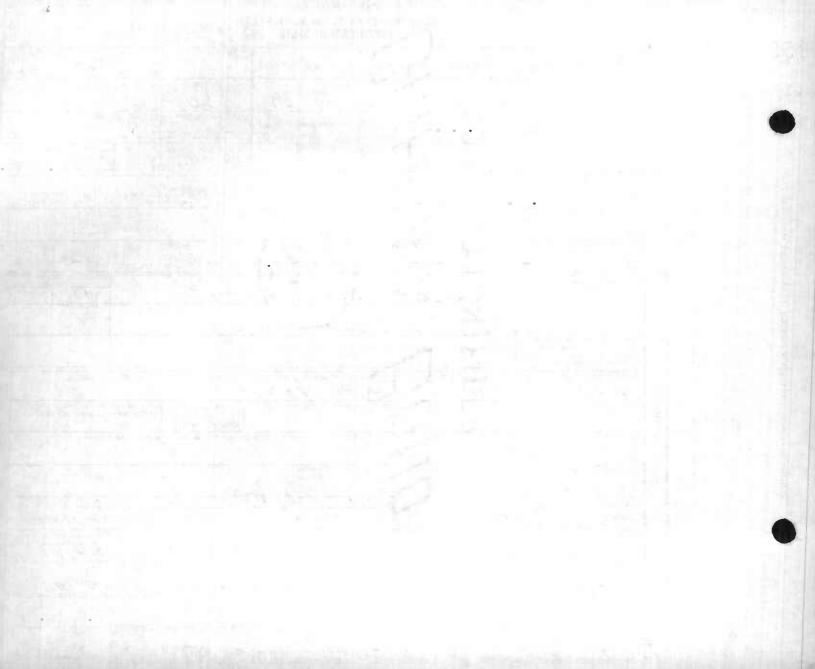
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAME 20 DATE KNOWN CO MONTH (TYPE OR PRINT) 2100 DEATH MATED 5 DATE OF BIRTH . SEX 6. AGE (IN YEARS IF UNDER 24 HRS DATE 2d. HOUR PRONOUNCED 108 8 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia USA WIDOWED DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION LTYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) 14th Avenue, Apt. Cleaning 201 Unk. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Hugh Triggs Rosalia Ross 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 223-40-8447 Ms. Rosalia Blount/mother/same as 13e 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A ONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost ED AS A BUPIA HEALTH AND A L, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ONQ E 3 SHOULL E DEPARTMENT O YES [NO F 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING TICAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 214 INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK GECULL.
AGE 4 SHOULD BE ...
O FUNERAL DIRECTOR: P 228 I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Hamicide Undetermined manner Natural causes Suicide EXAMINER'S NAME BAP BAP 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Hampton, Buria1 6 - 25 - 87Church 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** John T. Rhines Co., 3015 12th St. N.E., D.C. ulia Devider Pandale 20017 (VR A15 ME (51)



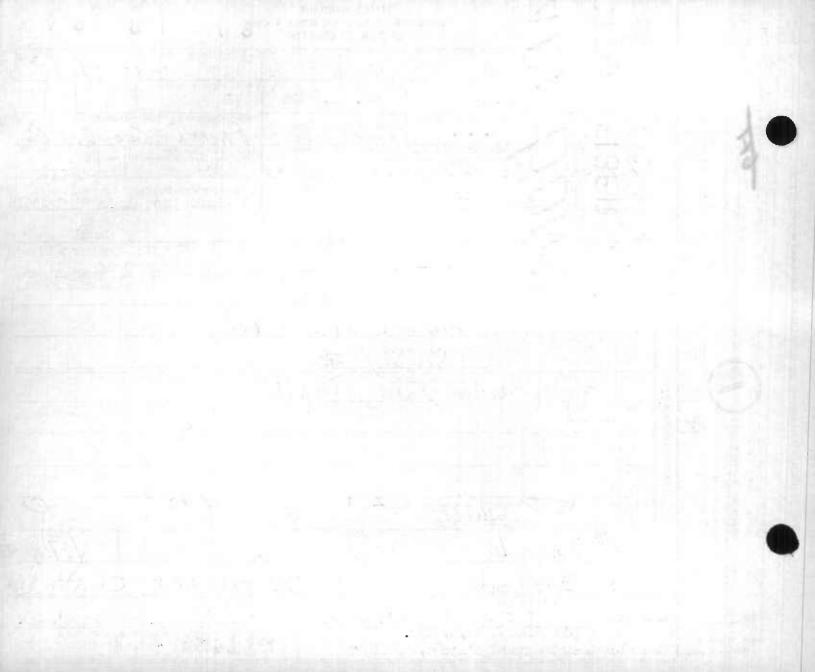
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST 20 DATE OF DEATH MONTH 2h HOUR LIVEE OR PRINTI Robert 0:198 dike deal 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF LINDER 21 MP 1 SEX YEAR white 1902 male Aua 84 To. BIRTHPLACE (STATE OR FOREIGN IN CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED X NEVER MARRIED Prince USA WIDOWED Virginia DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Brick mason US Gov't BALTIMORE, MARYLAND 21201 USUAL RESIDENCE LIE NURSING HOME 130. STATE 136 COUNTY 13e.STREET ADDRESS / ZIP CODE 13c CITY OR TOWN P.G Laurel 16121 Kennu Rd. 20707 Maruland NO Y 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE William Updike Updike Dora ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATES! 214-36-3098 Robert L. Updike Jr. same as above no APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: ST. IMMEDIATE CAUSE (a) PRESTON DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à. IN CERTIFYING CAUSES OF DEATH? NOM YES NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDIC ALEXAMINER P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 STREET NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the decased from and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated abave, (Nwe) (did) (did not) view the bady after death 226. SIGNATURE DEGREE 221 DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the State I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS LAUREL, MD. 2070 MARETWAKA, MD 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b. DATE 23d LOCATION BP burial June 18.1987 Ivy Hill Cemetery Laurel P.G. Maruland 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 La Deviction - Plants Donaldson Funeral Home P.A. Laurel. Maryland (VRA 15, 4)

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	to OR .		776 SIGNATURE	1 0	7			DEGREE			DATE SIGNED
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(VRA 15, 4) 663



6633 Old Alexander Ferry Rd.

Clinton, Maryland 20735

FOR

REGISTRAR

24 FUNERAL DIRECTOR

Lee Funeral Home, Inc.

DHMH - 16 60M 7/84

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REG NO

Gilbert

STATE

STATE

Iowa

6-14-87

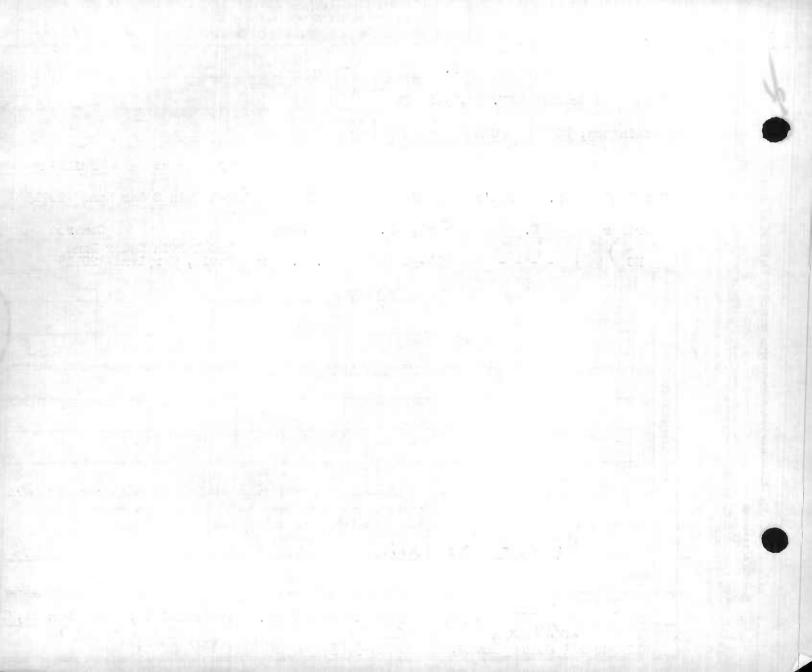
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250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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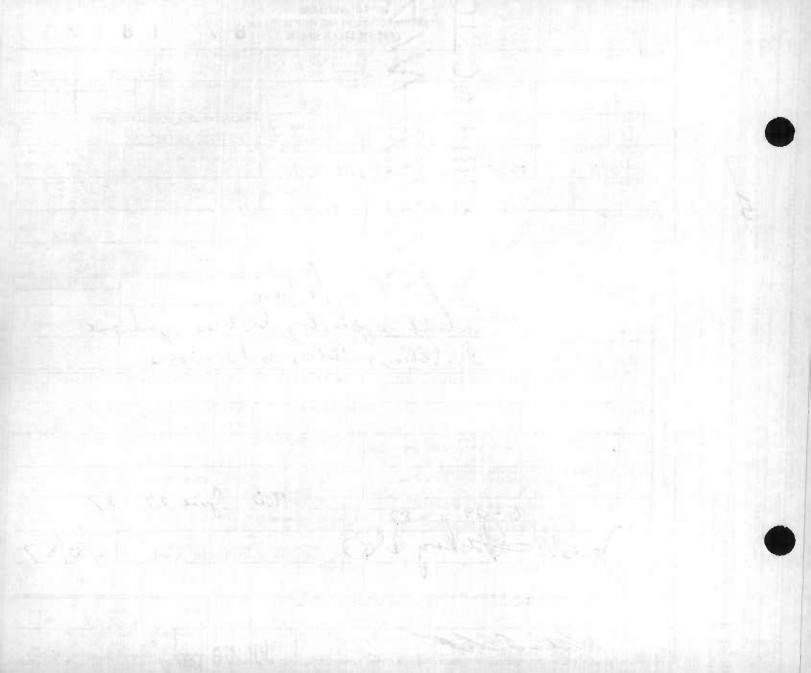
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF CEATH REGISTRAR DECEASED NAME TO DATE KNOWNX MONTH 26 HOUR LIVE OF PRINTS ESTI-Arthur Ward, III DEATH MATED 6 22 10 87 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY 1:30F PRONOUNCED NOV. 16,1962 24 1987 DEAD Male Caucasian TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Prince George's County USA WIDOWED [DIVORCED Washington, DC ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Greenbelt 10210 Greenbelt Road Magntenance Building SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 30 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 12041 Twin Cedar Lane Bowie 20715 Maryland Pr. George's NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST Arthur Ward, Jr. Joan Cameron 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. 12041 Twin Cedar Lane LYES, NO. OR UNKNOWN) 214-92-4884 20715 Bowie, Maryland A. R. Ward APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Multiple injuries DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19s. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED ARTMENT OF HE YES X NO 1 21s EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD I UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 2219 87 Subject jumped off building TO MEDICAL EXAMINER: THIS CENTING EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED IT TO FUNERAL DIRECTOR: PAGE 3 SHE AFTER DEATH, WITH THE STATE DIPPAL BALTIMORE, MARYLAND, 21201 HRE 714 INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION LAT HOME. WHILE AT WORK building/street 10210 Greenbelt Rd, Greenbelt, P.G. CC, MD. 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion Suicide XX death resulted frame Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 6/23/87 ADDRESS 111 Penn St. EXAMINER'S NAME Margarita A. Korell, M.D. Balto.MD. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Davidsonville, Anne Arundel, MD 25,198 Lakemont Memorial Gdns. 07/84 250. DATE REC'D. BY REGISTRAR 218 REGISTRARS SIGNATURE 25M 24 FUNERAL DIRECTOR 6000 Annapolis Road **DHMH - 17** 20715-3043 Bowie, MD (VR A15 ME (5)) Funeral Home

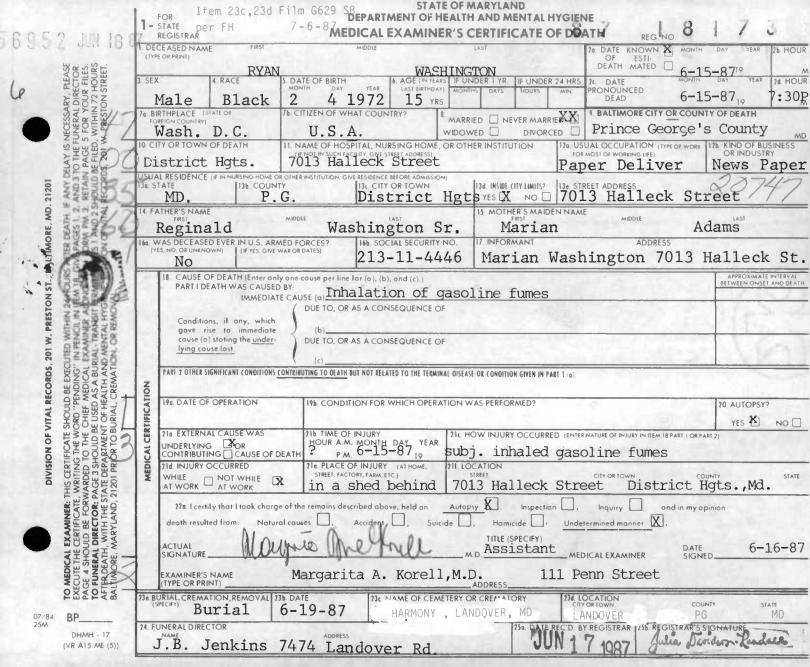
STATE OF MARYLAND

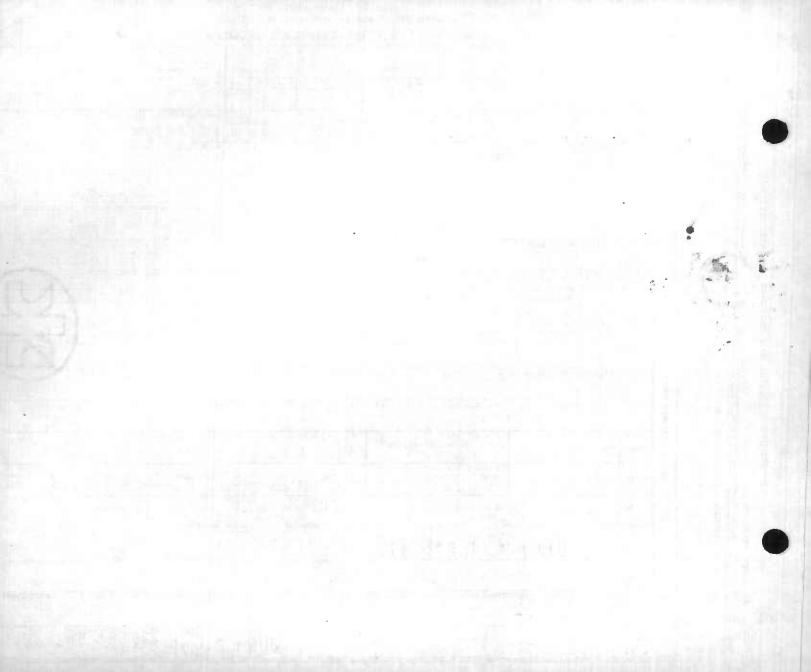


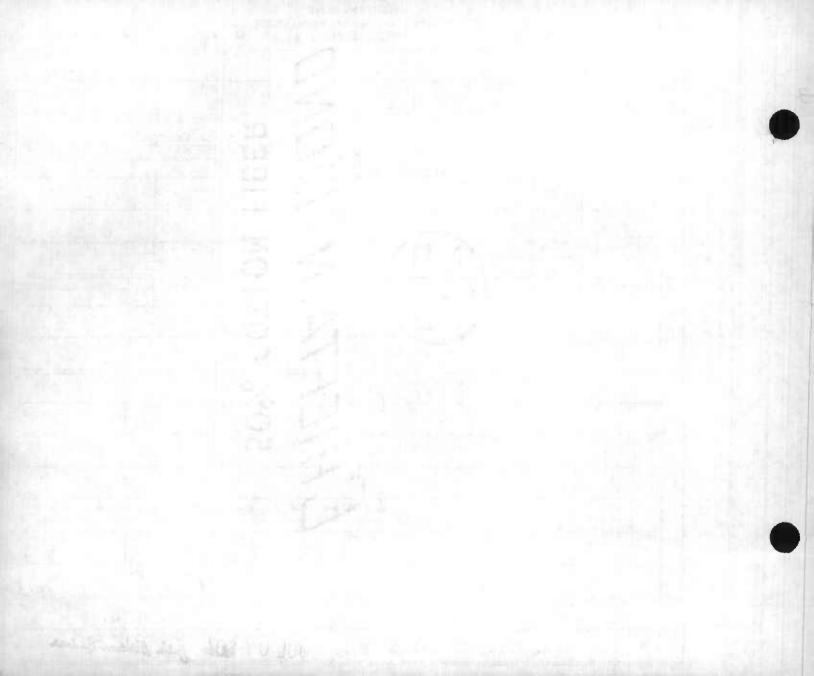
THURMONT

(VRA 15, 4)









DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE / REG.	NO.	8		1
	LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	2b H
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058595 JUL 1 - STATE REGISTRAR I. DECEASED NAME TYPE OR PRINTS ROY CECII 30P 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH YEAR NEGRO 58 10-07-1928 MATE BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED WEVER MARRIED COUNTRY PRINCE GEORGE'S VIRGINIA USA DIVORCED [WIDOWED IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY LANHAM PR. GEO. CO RESTAURANT CHEF IDUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 1207-DRUM AV.. YES 🔀 NO [20743 MD PG APITOL HTS 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME FIRST MIDDLE HARDMAN CHAMBERS MARY ROY 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 60 WAS DECEASED EVER ARMED FORCES? 3/4/48-2/15/52 231248032 JEAN SEATON 1207 DRUM AVE., CAP HTS, MD. YES APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WARP FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220 1 certify that (I) (this haspital) attended the deceased from. saw the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230 BURIAL CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY

(VRA 15, 4)

FUNERAL

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should be with the 0

> 1987 BURTAL CHELTENHAM 24 FUNERAL DIRECTOR

CITY OR TOWN CHELTENHAM.

MD 250 DATE REC'D. BY REGISTRAR 756 REGISTRAR'S SIGNATUR

ALEXANDER S. POPE 2617 PA. AVE, S.E. D.C.

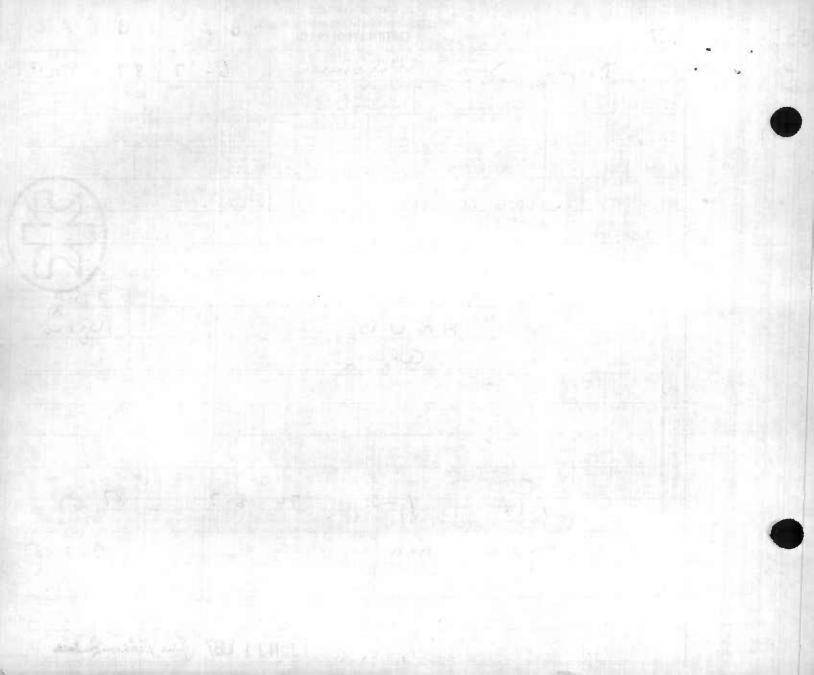
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A & & &	3 SEX	PRACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY					
ector urs off	Female	Caucasian	4-24-1915 YEAR		YRS DATS HOURS MIN.				
- 5 9 July 1	74 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH				
or on	South Carolina		WIDOWED DIVORCED	Prince G					
Softer Softer	Clinton	(IF NOT IN SUCH FACILITY, GIVE STREET Southern Ma:	G HOME OR OTHER INSTITUTION ADDRESS) ryland Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Homemaker	king life) 126 KIND OF BUSINESS OR INDUSTRY Self				
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boon on business	(YES, NO OR UNKNOWN) JIF YES G	248-14-	7605 George We	lbourne sar	me as #13				
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(VRA 15, 4)	Hullet Fulleta	r Home Maldor	f, Md. 2060 JUN	1 T 1001 June					

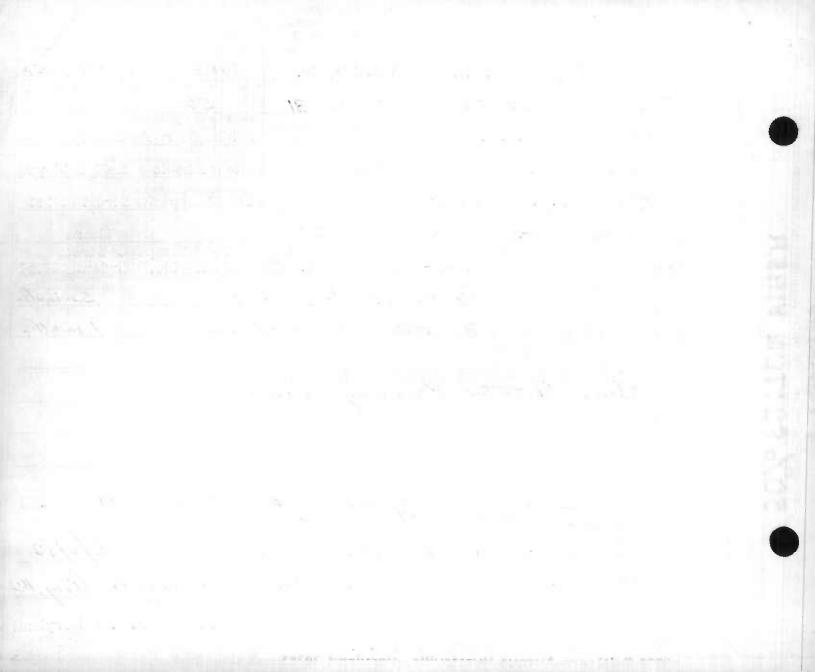


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 050659 301 MEDICAL EXAMINER'S CERTIFICATE OF BEATH L DECEASED NAME Clinton 20 DATE KNOWN T MONTH OF ESTI-(TYPE OR PRINT) 1987 FI MER C. WELLS 6 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2c. DATE PRONOUNCED 1987 Aug. 19, 1921 Male Cauc. 65 TE CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Virginia DIVORCED Prince George's County CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Owner Gas Station College Park 9406 Cedartree Ave. College Park 13d INSIDE (IIIY LIMITS? 13e STREET ADDRESS 9406 Cedar Tree Lane, 20740 136 COUNTY P.G. Maryland 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Elliott LAST MIDDLE Ethel Wells Bernard 17 INFORMANT 10338 Launce of Pane, Columbia 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Sue Ellen MacDonald, (Dtr.) Md. 21044 WWII 213-16-4277 Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Gunshot wound of head (unspecified weapon) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T IN 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? Head_Only 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOR HOUR A.M. MONTH DAY YEAR ? P.M. 6-25-1987 Self-inflicted. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION TO MEDICAL EXAMINER: THIS CES EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 9406 Cedartree Ave., College Park, MD home Prince George's 22a I certify that I took charge of the remains described above, held an Hamicide ___ Undetermined manner Natural couses TITLE (SPECIFY) Assistant MEDICAL EXAMINER 6-28-87 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., MD 21201 230 BURIAL, CREMATION, REMOVAL 236. DATE 230 NAME OF CEMETERY OR CREMATORY Burial 6-30-1987 Ft. Lincoln Cemetery Brentwood, P.G., Maryland 07/84 24 FUNERAL DIRECTOR 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 4739 Baltimore Ave. **DHMH - 17** Gasch's Funeral HOme, Hyattsville, Maryland Julia Devideon Pas (VR A15 ME (5))

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Fleck Funeral Home, Inc. Laurel, Md

(VRA 15, 4)

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STATE OF MARYLAND

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	To	STATE REGISTRAR			DEPART		ICATE OF DEATH	8	REG. NO.	8 1	8	
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	A	220.1 certify that saw the december (1) (wo 22b SIGNATURE	eased alive an	to view the body	ne deceosed from_	\$7. or	2 1 1977 and that in (my) (our) opinion DEGREE D ATTENDING PHYSICIAN [27e ADDRESS 77 01	MEDICAL DIRECTOR D	STAFF	,		
		URIAL, CREMATIC	N, REMOVAL	236 DATE	23c 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO		COUNTY	SIA	TE.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has should be detached for use as the burial-transit per with the State Dept. of Health and Mental Hygiene

MPORTANT: If Hem 21 is

Washington Park

Florid

Burial
24 FUNERAL DIRECTOR

J.B. Jenkins FH/7474 Landover

RATURA DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Sicider Randall



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH KNOWN X MONTH LTYPE OR PRINTS ESTI-DEATH MATED Williams Sallv Mae 6 19 87 4 RACE & AGE (IN YEARS JE UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 2:45 Black. Sept. 12, 1948 38 YRS DEAD Female 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED ANEVER MARRIED X FOREIGN COUNTRY DELAY IS NEOTO TO THE FUNITOR PAGE 5 F North Carolina U.S.A. WIDOWED DIVORCED Prince George's County, MD I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Leland Memorial Hospital 2, AND 3 TO 1 3. RETAIN PA SHOULD BE F Riverdale Homemaker Home 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS D.C. n/a Washington 1716 A St., S.E. NO [20003 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Williams James Janie Mae Pender to WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7. INFORMAN ADDRESS (aunt) 1208 Owens Place, N.E. (YES NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST Grace Lewis 239-86-6188 No Washington, D.C. 20002 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hypertrophic cardiomyopathy AND MENTAL HYGIE ATION, OR REMOVA DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL - TRANSIT OF HEALTH AND MENTAL HY Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED SHILLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE X 220 I certify that I took charge of the remains described above, held an Autopsy Natural couses XX Homicide Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 6/25/87 William M. Zane, M.D. EXAMINER'S NAME 111 Penn St. Balto.MD. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 28 June 87 Burial St. Delight Cemetery Walstonburg, NC BP. 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURES. Capitol Funeral Service, Falls Church, VA

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ENDING PHYSICIAN:

STATE OF MARYLAND

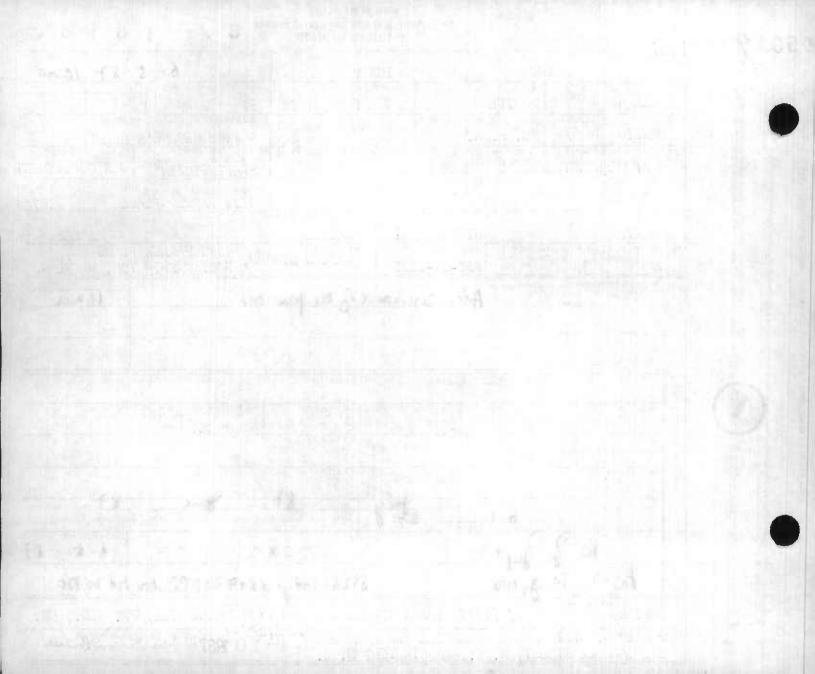
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH - 16 60M 7/84 (VRA 15, 4)

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filled in by the funeral director, page 3 got d be filed within 72 hours after death

any injury, or other tro

IMPORTANT: If them 21 is marked on them 18

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Julia Divider Ready

1	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	0 / !	8 8 4
	1 DECEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TYPE OR PRINT) HERBE	RT H.	WICE Sr		
١	3. SEX	1. RACE	WISE, Sr. Is date of Birth	6 AGE (IN YEARS LAST BIRTHDAY)	08 87 1:30A M
I	Male	Black	NOV. 7, 1928	58	MONTHS DAYS HOURS MIN.
	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
7	Virginia	USA	37.37	PRINCE GERRGE	S COUNTY MD.
١	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	12n USUAL OCCUPATION	12h KIND OF BUSINESS OF
1	CHEVERLY		HOSPITAL CENTER	Maintenance	Work Leader
	USUAL RESIDENCE (# NURSING HOME OF 136 STATE 136 COU		/N 134. INSIDE CITY LIMITS?	3 2 2 9 75 th As	venue 20784
Ī	14 FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN		
	Gilbert Wise		Mary E.	Frve	LAST
	160 WAS DECEASED EVER IN U.S. A		JRITY NO. 17 INFORMANT	ADDRESS	
ı	n o	IVE WAR OR DATES	1667 Rhonda M	. Wise-daughte	r-857 51st St
	Canditions, if ony, which gove rise to immediate cause (a), stofing the underlying couse last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	ENANTY FOR THE TELEPHONE TO THE TELEPHON		BETWEEN ONSET AND DEATHN E RETWEEN ONSET AND DEATHN E RUD VEN IN PART 11a ES, WERE FINDINGS USED
7	TIFIC		or Environment	IN CERT	IFYING CAUSES OF DEATH?
)		HOUR A.M. MONTH D.	AY YEAR 216 HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
1	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOT IFY MEDICAL EXAMINE 21d. IN JURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211, LOCATION		
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY OFFICE, F		CITY OR TOWN	COUNTY STATE
	saw the deceased alive a	n 19 19 19 19 19 19 19 19 19 19 19 19 19	, and that in (my) (aur) apinio	. taand death accurred on the date and ha	, 19, that (I) (we) last our and from the couses stated
	226. SIGNATURE		DEGREE ATTENDING PHYSICIAN		221 DATE SIGNED
	1 SURY	OR PRINT)	22e ADDRESS	ANDOVER ROAD	HG. Offerly
	230 BURIAL, CREMATION, READYN	Sat. Jane 13	NAME OF CEMETERY OR CREMATOR	1	and Maryland
	24 FUNERAL DIRECTOR Stewart Fune	W Ti Selli ral Rome-4001		JUNIO DE REGISTRAR 256 REGIS	STRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

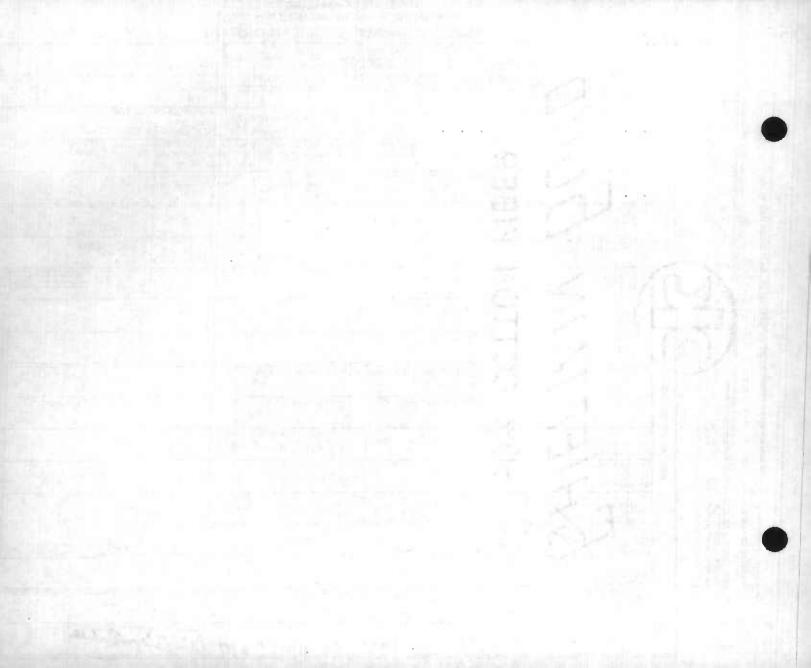
HOSPITAL

TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or

toward while he AN MEDICAL CONTRACT SHEET AND Market Steller of Market Market Strategy

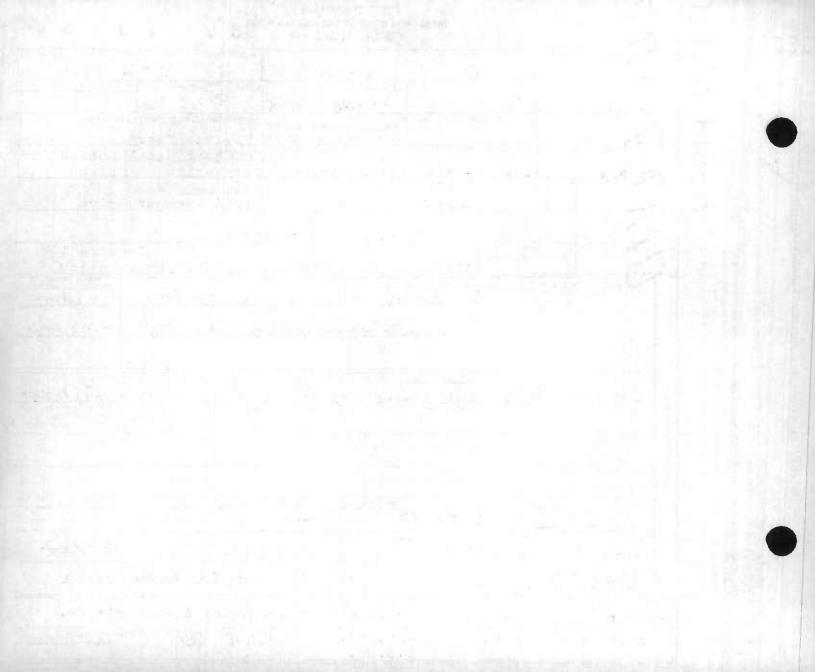
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN I! DECEASED NAME CTYPE OR PRINTS ESTI-Womble, Jr. Charles L. DEATH MATED 6-13-87 4. RACE AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE 31_{YRS} 25 55 PRONOUNCED Black Male 6:03R DEAD 6-13-87 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED N.C. U.S.A. Prince George's County WIDOWED [DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Antelope Lane Off Easter Avenue $\overset{\text{for most of working life}}{N \bigwedge A}$ OR INDUSTRY Seat Pleasant JSUAL RESIDENCE (IF IN NURSING, HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Fayetteville YES 136, COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Charles Corine McLean Lee Womble 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 129 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Burn St. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Charles L. Womble, Sr. Yes N/A 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Narcotic intoxication DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ASA 19a DATE OF OPERATION EXECUTE THE CERTIFICATE, WRITING THE WORD PROBLES 4 SHOULD BE FORWARDED TO THE CHIEN TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR TO BURNAL 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING TOOR subject used drugs CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION Antelope Lane off Eastern Ave. Seat Pleasant, WHILE AT WORK street Maryland Autopsy X and in my opinion Undetermined manner X TITLE (SPECIFY) ACTUAL 6-14-87 M.D. Chief SIGNATURE ___MEDICAL EXAMINER 111 Penn Street EXAMINER'S NAM John E. Smialek, M.D. TYPE OR PRINT ADDRESS 23a BURIAL CREMATION REMOVAL 23b DATE 236 NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 6 - 20 - 87Good Hope N.C. Favetteville 24 FUNERAL DIRECTOR Julia Sandor Rea March Funeral Home 1101 E. North Ave (VR A15 ME (5))

STATE OF MARYLAND

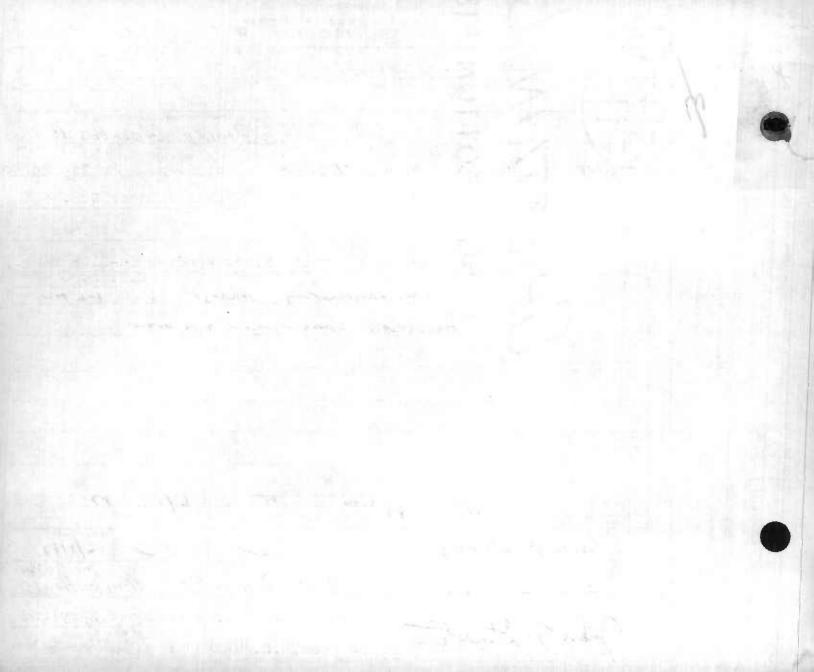


S.S.Md.

(VRA 15, 4)

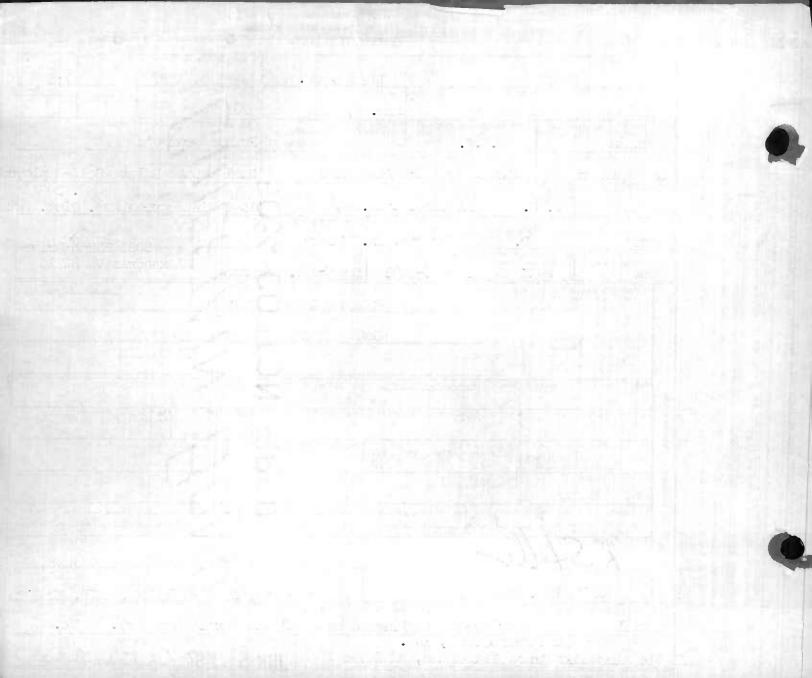


r r n n n			STATE OF MARYLAND		
2 2 8 Z 9 JUN -9	7 FOR STATE REGISTRAR		CERTIFICATE OF DEATH	HYGIENS 7 REG. NO.	8 8 /
1	1 DECEASED NAME	FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
D 1 11 /	(TOTO OKTAIN)	Charles T.	Woody	06	01 87 $6:35A_{M}$
8 44	3. SEX	4. RACE	S DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
- 5 8 M	Male	Black	08 12 23	63 YR	
# 52 AV	IRTHPLACE (STATE OF	Charles Town of the Control of the	MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
110	Virginia	USA	WIDOWED DIVORCED		CONBOS CO MD.
1 11 6//	TO CITY OR TOWN OF DE	GIF NOT IN SUCH FACILITY, O	, NURSING HOME OR OTHER INSTITUTION GIVE STREET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN	
2 110,5	CHINTON	RSING HOME OR OTHER INSTITUTION GIVE RESIDE	IAND HOSPITH	Custodian	Public Schoo
0 1	130 STATE	136 COUNTY 13c. CATY	OR TOWN 1136 INSIDE CITY LIMITS	2108 T Street	ot 999919
3 1 12/14	District M. FATHER'S NAME	of Columbia W	ashingtones X NO 1		eet,/S.E./
3 18/1/1	James	MODIE	LAST	WIDDIE	Thomas
		R IN U.S. ARMED FORCES? 166 SOC	IAL SECURITY NO. 17 INFORMANT	ADDRESS	THOMAS
WO TO THE THE	(YES NO OR UNKNOWN)	LIE YES GIVE WAR OR DATEST	18 4019 Dorothy	Hines Woody-w	fe-2108 T St.
1 1111	-	TH (Enter anly ane cause per line for ra			E DROUMATE INTERVAL BETWEEN ON ET AND DEATH
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N S N S S S S S S S S S S S S S S S S S	100	DUE TO, OR AS A CO			
15 THE REAL PROPERTY.	Conditions, if on	y, which ((b) the	POSTAPIC CAMCINO	MA - SIR UN.	5
E 2 2111	gave rise to im	ing the DUE TO, OR AS A CO	INSEQUENCE OF		
the state of the s	underlying caus	e fast.			
S 2	PART 2. OTHER SIG	NIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART Ita
B F IFF	I 190 DATE OF OPERA	No.			
W 2 2 2 2 2 2	E IVE DATE OF OPERA	TAP CONDITION FOR	WHICH OPERATION WAS PERFORMED	IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
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A STATE OF THE STA	OR CONTRIBUTING	CAUSE OF DEATH HOUR A.M. MON	NIH DAY YEAR	CORRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
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VIS Contract of the standard o	ORK NOTW	HILE (AT HOME STREET, FACTOR		CITY OR TOWN	COUNTY STATE
A STORY OF THE STO) (this hospital) attended the decease	d from	FF 10 6/1	10 F7 that (I) (we) last
TITES THOUGHT AND THE THE TOTAL THE	saw the decear	sed alive on(did) (did not) view the body after deat	19 97 , and that in (my) (our) opin	on death occurred on the date and	haur and fram the couses stated
A to Mark F	22b. SIGNATURE	did not view the body offer deaf	DEGREE		22c DATE SIGNED
A 4486	The	ent Warry	ATTENDING PHYSICIAN	MEDICAL STAFF	- 6/1/87
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Managa	230 BURIAL, CREMATION		230 NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY
199877	Burial	June 5,19		ial Park Lando	
DHAMI - 16 50M M BT. (VRA 15, 4)	24 FUNERAL OFFE	n 1: Stenate		DATE REC'D. BY REGISTRAR 256 REC	
(ALOX 196.45)	Stewart Fu	ineral Home-400	I Benning Road, N.	E.JUNO 148/ 4	ulia Divider Randalle



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0 1	A Contract		STATE REGISTRAR	ME	DICAL EXAMINER'	S CERTIFICATE O	F DERTH REG. N	6 0 1 0 0
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	20 E 5 E	3 SEX	4. RACE	5 DATE OF BIRTH		UNDER I YR IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED	MONTH DAY YEAR 20. HOUR
	NAMES &	1.	V\ Cau	9 20	20 67 YRS.	DATS HOOKS	DEAD	6 22 1987 4°PM
A 4	· · · · · · · · · · · · · · · · · · ·		RTHPLACE (STATE OR	76 CITIZEN OF W	HAT COUNTRY?	*	9 BALTIMORE CITY	OR COUNTY OF DEATH
0	HADEY /		shington, D.C	USA		ARRIED NEVER MARRI	= 1/2 = -	Crosesic
	1An /3 /-		TY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR		120 USUAL OCCUPATION (TV	MD.
	ATT THE PERSON OF	10.01	TO TOWN OF BEATH	(IF NOT IN SUCH F	CILITY, GIVE STREET ADDRESS)	STHEK INSTITUTION	FOR MOST OF WORKING LIFE) Retired	PE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Educ. Materia
	1200 1111	1-	aurel	117337	outh Laurel	Drive	Retired	Educ. Materia
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	Harris L	1	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST
NE SKE	2636	_	Thomas		Worrell	Alice		Morgan
IM OM	FTER PA	16a. V	VAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	5
BALTIMORE, MD.	S AFTER GIVE PA ITH FOI PAGES IVISION		yes WW		579-12-6698	Lorraine Wo	orrell same as	item 13
2	URS AF WITH WITH DIVISI		18 CAUSE OF DEATH (Ente	r anly one cause per line	for (a) (b) and (c))			APPROXIMATE INTERVAL
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EST	ZZYGES		Condition if non mi	DUE TO, OR	AS A CONSEQUENCE OF	1:0	1 . 1	dua lace
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DIVISION OF VITAL RECORDS, 201	OULD BE EXECUTED OULD BE EXECUTED OULD BE EXECUTED AS A BURIAL SEP HEALTH AND ME MAL, CREMATION,		lying cause last.	(c)				
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3	SHOULD DRD "PE CHIEF A E USED / LOF HE/ URIAL, G	N V	196 DATE OF OPERATION	O IND. CONDI	TION FOR WHICH OPERATIO	WAS PERFORMED?		20 AUTOPSY?
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ž	RITIN RDED SE 3 S E DEP	ME	WHILE NOT WHILE AT WORK	STREET, FAC	TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
u	E. THIS CERTIFICATE SI- TE, WRITING THE WOS RWARDED TO THE CI SE PAGE 35 HOULD BE STATE DEPARTMENT. D. 21201 PRIOR TO BUIL		AT WORK AT WORK	<u> </u>				
	E SI P	- 7	22a I certify that I taak ch	narge of the remains de	scribed above, held an A	rtapsy , Inspection	. Inquiry . a	and in my apinian
	NO FILE			atural causes X.	Accident . Suicide		Undetermined manner	
	EXAMI CERTIFIED ULD BE DIRECT WITH I		dedili resulted fram.	aloral cooses (224.	Accident L., Suicide	Hamicide	Undetermined manner	
	E EXAMINER: E CERTIFICATE DUID BE FORI I DIRECTOR: H, WITH THE S' MARYLAND,		ACTUAL N	00	11011.01.	TITLE (SPECIFY)		DATE 6-27-87
7.4	¥ESSE® ×		SIGNATURE	witten	vecni n	M.D.	MEDICAL EXAMINER	SIGNED BEE 3
					_ //	" . \	1 1 1	4 4 4 A
	S S S S S S S S S S S S S S S S S S S		EXAMINER'S NAME DA	/ 1 1	DEVINOR	11/1/1/1/1/2/	1. 001.01 21	III alicuilla MIN
	MEDIC ECUTE 1 GE 4 SH GE 4 SH FUNER TER DEA		EXAMINER'S NAME PA	UIA.	DE VORE,	Maidoress 42036	veensbury Kel	Hyattsville MU
	TO MEDICAL E EXECUTE THE O PAGE 4 SHOW TO FUNERAL D AFTER DEATH, BALTIMORE, M	23o. B	(TYPE OR PRINT)	UI A. P.	DE VORE,	Maboress 42036 Y OR CREMATORY	10 Pensbury Kel	Hyattsville MU
07/04		_ 15	(TYPE OR PRINT)				CITY OF TOWN	Hyattsville MU) STATE Md.
07/84 25M	BP	Bui	(TYPE OR PRINT)	U A. 4. AL 23b DAYE 6/26/87	136. NAME OF CEMETER Md. Veteran		Cheltenham	Md.
07/84 25M		Bu1	(TYPE OR PRINT)	6/26/87	Md. Veteran	Cemetery 25m. DATES	Cheltenham	

At 13 7 A TONNESS TONNESS OF THE WEST RUC HILL Layer the many and parallely the street of Trade Trade Lawrence Contract the season of th



	1	FOR Item J, 0	Film G528 5-3	0-07		OF MARYLAND			
F & 5 JUL -1	87	STATE per Fn S		DEPAR		EALTH AND MENTAL HYD ICATE OF DEATH	8 / REG. N	. i 8	190
oy be oge 3 deoth	J. DE	CEASED NAME FI	DELLA	WIDDLE	You	1 N G	20 DATE OF DEATH	/	87 12:25 H
tor, po	3 SE		4. RACE		DATEC		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER I	
once Sours	7a. B	FEMALE RIHPLACE (STATE OR EORE) COUNTRY IRGINIA	BLACK ON 76 CITIZEN OF U.S. A	WHAT COUNTR	MARRIEI	Y	9 BALTIMORE CITY O	R COUNTY OF DEAT	T. P. 6
s ofter dec	_	TY OF DEATH	11. NAME OF		WIDOWE SING HOME O	DIVORCED DIV	120. USUAL OCCUPAT	ON 12b. KII OF WORKING LIFE) INDUS	ND OF BUSINESS OR STRY NONE
filled in hould be from	130.	1.D.	COUNTY	GIVE RESIDENCE BEI		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 8600 mick	ZIP CODE eshapiro d	20735
mpletely and 2 s	14. F.	BALTE	WIDDLE	LEWÍS		IS. MOTHER'S MAIDEN NA ELIZ	WE	JACKSO	N ^{LAST}
te be execut ician and ca ers. Pages 1 of.		VAS DECEASED EVER IN L YES, HOOR UNKNOWN) IE	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)	166 SOCIAL SE 229-36-		EDITH V. MIC	KENS 8600 M		
requires for the death cert tending temporary temporary carbon cembranes, are motion, or retrigingly, or either traumotic ex	TION	Conditions, if any, who gave rise to immedicate (a), stating underlying cause in PART 2. OTHER SIGNIFIC	ote the DUE TO, O St. (c)	R AS A CONSEG CORC ONTRIBUTING TO	DUENCE OF DUENCE OF ON ARY	NOT RELATED TO THE TERM	DISEA U DISEA INAL DISEASE OR CON DIAC ARR	ARCTION SE DITION GIVEN IN PAI HY PAM (A
AN. The for thysicion feore has formed permit Hygiere pri	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI	ING 216 TIME C			V WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, WERE FIN CERTIFYING CAL YES	USES OF DEATH?
or the cert	MEDICAL	(IF EITHER NOTIFY MEDICAL EI 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	ZAMINER) P. 21e PLACE		19 E FARM ETC)	211 LOCATION STREET	CITY OR TO	wn COUN	TY STATE
t OR ATTENDA the houghel or t DRECTOR A mached for use a Popt of Health if hem 21 is ma		220 I certify that (I) (this saw the deceased a abave, (I) (we) (did) 22b. SIGNATURE	hospital) attended the live on		F) , on	d that in (my) (our) opinion DEGREE ACC ATTENDING PHYSICIAN	to 2 death accurred on the death accurred o	224 [n the couses stated DATE SIGNED C. 22-87
O HOSPITA Prointed by TO FUNERA Provide be did whose be did whose and AMPORTANT		22d PHYSICIAN'S NAME	(TYPE OR PRINT) SANTAN	NI	SFACC	22e ADDRESS	PRATTS R	0 104	CLINION
BP	23 ₀	BURIAL CREMATION, REM	10VAL 236. DATE 6-27-			ONY CEMETERY	230 LOCATION LANDOVE	R P.G.	MD. STATE
DHMH - 16 60M 7/84	-	IMPRAL DIRECTOR A	1331 Hun	+97. N. E	3019		E REC'D BY REGISTRAR		

mag and their

	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYP ICATE OF DEATH	Q	n €g. NO.	8 1	9 1
		CEASED NAME OR PRINT)	Anne						/1987	DAY YEAR	2b. HOUR3
	3. SEX FEMALE BIRTHPLACE (STATE OR FOREIGN COUNTRY) PENNSYLVANTA			4 RACE S. DA			DE BIRTH	6 AGE (IN YEARS	S LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HA
5				U.S.		WIDOWE	4.00	Prince	George 's	3	
3	F	ry or town of de.		Leland	MEM. HO	SPT.	OR OTHER INSTITUTION	12a USUAL OCC (TYPE OF WORK FOR HOMEMA)	R MOST OF WORKING		HOME
5	13a. S	AL RESIDENCE (IF NUR.	13b COUN P.G.	11Y	13c CITY OR TOW RIVERDA	/N	13d INSIDE CITY LIMITS? YES MO [5007	NICHOLS C		2073
0		JOHN			URF TELD		ANNA			McNASBY	
1		VAS DECEASED EVER VES. NO OR UNKNOWN) NO		MED FORCES?	166 SOCIAL SECT		JOHN J. ZAR	DUS	-	DELAWAR	
		18 CAUSE OF DEATH LENTER ONly one cause per lag for 101, 161 and 101 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF									
X	CERTIFICATION	PART 2. OTHER SIG	NIFICANT O	ular .	accident		NOT PELATED TO THE TERM	20a AUTOPS	Y? 20b. IF Y	GIVEN IN PART 1 YES, WERE FINDS TIFYING CAUSES YES	NGS USED
7	MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING LIFESTHER NOTIFY MED 216 INJURY OCCUR WHILE NOT WAS AT WORK AT WO	CAUSE OF DEA	21e. PLACE (AT HOME STE	M. MONTH D M. OF INJURY REET, FACTORY, OFFICE	19	21. LOCATION STREET	46.0	E OF INJURY IN ITEM I	COUNTY	STATE
		220 I certify that (I) saw the decease abave, (I) (yes) 22b SIGNATURE		1-1	12/67		nd that in (my) pointion DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR		22c DATE	
1		22d. PHYSICIAN'S N	AME (TYPE O	PRPRINT) Nor	ton Elson	My	6525 Belcre	ET IA	T SEVE	ille, Md	. 20780
	1	BURIAL CREMATION, SPECIFY) BURIAL UNERAL DIRECTOR	, REMOVAL	23b. DATE 6-18-1			ROSS CEMETERY		Y, DELAW		
84	24 FU	W. W. CHAI	MBERS	CO.	RIVERD	ALE, N	va.20737 1250 JC	JN 23 10	07	STRANS SIGNA	Marchael

RIVERDALE, Md. 20737

DHMH - 16 60M 7/84 (VRA 15, 4)

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